STATE COURT OF COBB COUNTY
STATE OF GEORGIA

SKYLA SHEPHERD,

PLAINTIFF,

— *VERSUS* —

GRANT TAYLOR, MD,

WELLSTAR MEDICAL GROUP, LLC,

CHARLES SYKES, MD,

QUANTUM RADIOLOGY, PC,

RAJA SHEKHAR R. SAPPATI-BIYYANI, MD,

GASTROINTESTINAL SPECIALISTS OF GEORGIA, PC,

JOSE ANDUJAR, MD,

QUATINA RIVERS-FLEMING, NP,

ARIF A. AZIZ, MD,

JEFFREY L. KIM, MD,

JOSEPH REDCROSS, II, DO,

BARBARA TANNER-TORRES, NP,

KENNESTONE HOSPITAL, INC.,

WELLSTAR HEALTH SYSTEM, INC.,

AND

JOHN/JANE DOE 1-10,

DEFENDANTS

CIVIL ACTION

FILE NO. _____

JURY TRIAL DEMANDED

PLAINTIFF'S COMPLAINT FOR DAMAGES

Refiled Action

1. This case is refiled pursuant to OCGA 9-2-61[1] and OCGA 9-11-41.[2]

2. This case was originally filed in Fulton County State Court, on March 3, 2022.

3. On March 4, 2022, Plaintiff filed a voluntary notice of dismissal without prejudice.

4. Plaintiff has paid all costs in the Fulton County State Court action. *See* Exhibit 1 (affidavit of Pamela Lee, with attachment) and Exhibit 2 (affidavit of Sarah Cooper).

Nature of the Action

5. This medical malpractice action arises out of medical services negligently rendered on Skyla Shepherd from March 3, 2020 through April 8, 2020.

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[1] OCGA 9-2-61. Renewal of case after dismissal. (a) When any case has been commenced in either a state or federal court within the applicable statute of limitations and the plaintiff discontinues or dismisses the same, it may be recommenced in a court of this state or in a federal court either within the original applicable period of limitations or within six months after the discontinuance or dismissal, whichever is later, subject to the requirement of payment of costs in the original action as required by subsection (d) of Code Section 9-11-41; provided, however, if the dismissal or discontinuance occurs after the expiration of the applicable period of limitation, this privilege of renewal shall be exercised only once.

[2] OCGA 9-11-41. Dismissal of actions; recommencement within six months. (a) Voluntary dismissal; effect: (1) By plaintiff; by stipulation. Subject to the provisions of subsection (e) of Code Section 9-11-23, Code Section 9-11-66, and any statute, an action may be dismissed by the plaintiff, without order or permission of court: (A) By filing a written notice of dismissal at any time before the first witness is sworn; or (B) By filing a stipulation of dismissal signed by all parties who have appeared in the action. …

6. Plaintiff asserts: (i) a claim of professional malpractice by Dr. Taylor, Dr. Sykes, Dr. Sappati-Biyyani, Dr. Andujar, Ms. Rivers-Fleming, Dr. Aziz, Dr. Kim, Dr. Redcross, and Ms. Tanner-Torres; (ii) a claim of vicarious liability by Wellstar Medical Group, LLC, Quantum Radiology, PC, and Gastrointestinal Specialists of Georgia, PC; (iii) a claim of civil battery by Dr. Taylor; and (iv) a claim of "ordinary" negligence in the administration of the healthcare practices by Wellstar Medical Group, LLC, Quantum Radiology, PC, Gastrointestinal Specialists of Georgia, PC, Kennestone Hospital, Inc., and Wellstar Health System, Inc..

7. Plaintiff demands a jury trial on all issues.

8. Pursuant to OCGA § 9-11-9.1, the Affidavits of Peter Mowschenson, MD, and Robert Freed, MD, are attached hereto as Exhibits 3-4 respectively.

9. This Complaint incorporates the opinions and factual allegations contained in the attached affidavits, but Plaintiff stipulates that the Defendants need not answer the statements contained in exhibits to this Complaint.

10. As used in this Complaint, the phrase "standard of care" means that degree of care and skill ordinarily employed by the medical profession generally under similar conditions and like circumstances as pertained to the Defendants' actions under discussion.

Notes

Matter that Requires No Response from Defendants

Plaintiff stipulates that:

- Defendants need not respond to statements that are not made in numbered paragraphs, except where a numbered averment explicitly incorporates accompanying matter that is not in a numbered paragraph.
- Defendants need not respond to statements in footnotes.

- Defendants need not respond to citations to Bates-stamped pages of records or to graphics or screenshots that accompany allegations. Those are included to make it easy to respond to the allegations, but are not part of the allegations.

- Defendants need not respond to anything contained in the exhibits or attachments.

Extra Time to Respond

This complaint gives unusually detailed notice of the basis of the claims. The purpose is to narrow the disputes at the outset, and thereby to simplify discovery and trial. However, because this complaint is so detailed, Plaintiff will agree to any reasonable request for extra time to file an answer.

Plaintiff

11. **Plaintiff SKYLA SHEPHERD** is a citizen and resident of Georgia.

12. Plaintiff's legal name is Skyla Shepherd. Plaintiff's legal name from the period March 3, 2020 to April 8, 2020 was Skyla Britt.

13. The medical records in this case refer to Plaintiff as Skyla Britt. Therefore, to avoid confusion, this Complaint refers to Plaintiff as Skyla Britt.

Defendants, Jurisdiction, and Venue[3]

14. **GRANT TAYLOR, MD** is a Georgia resident. He resides at 2429 Ellard Terrace SE, Smyrna, GA 30080, in Cobb County.

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[3] OCGA §§ 14-2-510 and 14-3-510 provide identical venue provisions for regular business corporations and for nonprofit corporations:

> "Each domestic corporation and each foreign corporation authorized to transact business in this state shall be deemed to reside and to be subject to venue as follows: (1)

15. **Dr. Taylor** is subject to the personal jurisdiction of this Court.

16. **Dr. Taylor** is subject to the subject matter jurisdiction of this Court in this case.

17. Pursuant to OCGA § 9-10-31, **Dr. Taylor** is subject to venue in this Court because one of his co-defendants is directly subject to venue here.

18. **Dr. Taylor** has been properly served with this Complaint.

19. **Dr. Taylor** has no defense to this lawsuit based on undue delay in bringing suit — whether based on the statute of limitations, the statute of repose, laches, or any similar theory.

20. At all times relevant to this Complaint, **Dr. Taylor** acted as an employee or other agent of Wellstar Medical Group, LLC.

21. **WELLSTAR MEDICAL GROUP, LLC ("WMG")** is a Georgia limited liability company. Registered Agent: Leo E. Reichert. Physical Address: 793 Sawyer Road, Marietta, GA 30062 (Cobb County). Principal Office Address: 793 Sawyer Road, Marietta, GA 30062 (Cobb County).

> In civil proceedings generally, in the county of this state where the corporation maintains its registered office…. (3) In actions for damages because of torts, wrong, or injury done, in the county where the cause of action originated, if the corporation has an office and transacts business in that county; (4) In actions for damages because of torts, wrong, or injury done, in the county where the cause of action originated."

These same venue provisions apply to Professional Corporations, because PCs are organized under the general "Business Corporation" provisions of the Georgia Code. *See* OCGA § 14-7-3.

These venue provisions also apply to Limited Liability Companies, *see* OCGA § 14-11-1108, and to foreign limited liability partnerships, *see* OCGA § 14-8-46.

OCGA 9-10-31 provides that, "joint tort-feasors, obligors, or promisors, or joint contractors or copartners, residing in different counties, may be subject to an action as such in the same action in any county in which one or more of the defendants reside."

22. **WMG** is subject to the personal jurisdiction of this Court.

23. **WMG** is subject to the subject matter jurisdiction of this Court in this case.

24. **WMG** is subject to venue in this Court because one of its co-defendants is directly subject to venue here.

25. **WMG** has been properly served with this Complaint.

26. **WMG** has no defense to this lawsuit based on undue delay in bringing suit — whether based on the statute of limitations, the statute of repose, laches, or any similar theory.

27. At all times relevant to this Complaint, **WMG** was the employer or other principal of Defendants Dr. Taylor, Dr. Andujar, Ms. Rivers-Fleming, Dr. Redcross, and Ms. Tanner-Torres. If another entity was the employer or other principal during those times, that entity is hereby on notice that, but for a mistake concerning the identity of the proper party, this action would have been brought against that entity.

28. **CHARLES SYKES, MD** is a Georgia resident. He resides at 320 South Esplanade, Alpharetta, GA 30009, in Fulton County.

29. **Dr. Sykes** is subject to the personal jurisdiction of this Court.

30. **Dr. Sykes** is subject to the subject matter jurisdiction of this Court in this case.

31. **Dr. Sykes** is directly subject to venue in Fulton County.

32. **Dr. Sykes** has been properly served with this Complaint.

33. **Dr. Sykes** has no defense to this lawsuit based on undue delay in bringing suit — whether based on the statute of limitations, the statute of repose, laches, or any similar theory.

34. At all times relevant to this Complaint, **Dr. Sykes** acted as an employee or other agent of Quantum Radiology, PC.

35. **QUANTUM RADIOLOGY PC ("QR")** is a Georgia professional corporation. Registered Agent: G. Eric Brown. Physical Address: 790 Church St Ste 400, Marietta, GA 30060 (Cobb County). Principal Office Address: 790 Church St Ste 400, Marietta, GA 30060 (Cobb County).

36. **QR** is subject to the personal jurisdiction of this Court.

37. **QR** is subject to the subject matter jurisdiction of this Court in this case.

38. **QR** is subject to venue in this Court because one of its co-defendants is directly subject to venue here.

39. **QR** has been properly served with this Complaint.

40. **QR** has no defense to this lawsuit based on undue delay in bringing suit — whether based on the statute of limitations, the statute of repose, laches, or any similar theory.

41. At all times relevant to this Complaint, **QR** was the employer or other principal of Defendant Dr. Sykes. If another entity was the employer or other principal during those times, that entity is hereby on notice that, but for a mistake concerning the identity of the proper party, this action would have been brought against that entity.

42. **RAJA SHEKHAR R. SAPPATI-BIYYANI, MD** is a Georgia resident. He resides at 2791 Stone Hall Dr., Marietta, GA 30062, in Cobb County.

43. **Dr. Sappati-Biyyani** is subject to the personal jurisdiction of this Court.

44. **Dr. Sappati-Biyyani** is subject to the subject matter jurisdiction of this Court in this case.

45. Pursuant to OCGA § 9-10-31, **Dr. Sappati-Biyyani** is subject to venue in this Court because one of his co-defendants is directly subject to venue here.

46. **Dr. Sappati-Biyyani** has been properly served with this Complaint.

47. **Dr. Sappati-Biyyani** has no defense to this lawsuit based on undue delay in bringing suit — whether based on the statute of limitations, the statute of repose, laches, or any similar theory.

48. At all times relevant to this Complaint, **Dr. Sappati-Biyyani** acted as an employee or other agent of Gastrointestinal Specialists of Georgia, PC.

49. **GASTROINTESTINAL SPECIALISTS OF GEORGIA, PC ("GSG")** is a Georgia professional corporation. Registered Agent: Anuj P. Manocha, MD. Physical Address: 711 Canton Road, Suite 300, Marietta, GA, 30060 (Cobb County). Principal Office Address: 711 Canton Road, Suite 300, Marietta, GA, 30060 (Cobb County).

50. **GSG** is subject to the personal jurisdiction of this Court.

51. **GSG** is subject to the subject matter jurisdiction of this Court in this case.

52. **GSG** is subject to venue in this Court because one of its co-defendants is directly subject to venue here.

53. **GSG** has been properly served with this Complaint.

54. **GSG** has no defense to this lawsuit based on undue delay in bringing suit — whether based on the statute of limitations, the statute of repose, laches, or any similar theory.

55. At all times relevant to this Complaint, **GSG** was the employer or other principal of Defendants Dr. Sappati-Biyyani, Dr. Aziz, and Dr. Kim. If another entity was the employer or other principal during those times, that entity is hereby on notice that, but for a mistake concerning the identity of the proper party, this action would have been brought against that entity.

56. **JOSE ANDUJAR, MD** is a Georgia resident. He resides at 403 Keeler Woods Dr. Marietta, GA 30064, in Cobb County.

57. **Dr. Andujar** is subject to the personal jurisdiction of this Court.

58. **Dr. Andujar** is subject to the subject matter jurisdiction of this Court in this case.

59. Pursuant to OCGA § 9-10-31, **Dr. Andujar** is subject to venue in this Court because one of his co-defendants is directly subject to venue here.

60. **Dr. Andujar** has been properly served with this Complaint.

61. **Dr. Andujar** has no defense to this lawsuit based on undue delay in bringing suit — whether based on the statute of limitations, the statute of repose, laches, or any similar theory.

62. At all times relevant to this Complaint, Dr. Andujar acted as an employee or other agent of Wellstar Medical Group, LLC.

63. **QUATINA RIVERS-FLEMING, NP** is a Georgia resident. She resides at 46 Rippling Stream Trce, Dallas, GA 30132, in Paulding County.

64. **Ms. Rivers-Fleming** is subject to the personal jurisdiction of this Court.

65. **Ms. Rivers-Fleming** is subject to the subject matter jurisdiction of this Court in this case.

66. Pursuant to OCGA § 9-10-31, **Ms. Rivers-Fleming** is subject to venue in this Court because one of her co-defendants is directly subject to venue here.

67. **Ms. Rivers-Fleming** has been properly served with this Complaint.

68. **Ms. Rivers-Fleming** has no defense to this lawsuit based on undue delay in bringing suit — whether based on the statute of limitations, the statute of repose, laches, or any similar theory.

69. At all times relevant to this Complaint, **Ms. Rivers-Fleming** acted as an employee or other agent of Wellstar Medical Group, LLC.

70. **ARIF AZIZ, MD** is a Georgia resident. He resides at 1242 E Piedmont Rd, Marietta, GA 30062, in Cobb County.

71. **Dr. Aziz** is subject to the personal jurisdiction of this Court.

72. **Dr. Aziz** is subject to the subject matter jurisdiction of this Court in this case.

73. Pursuant to OCGA § 9-10-31, **Dr. Aziz** is subject to venue in this Court because one of his co-defendants is directly subject to venue here.

74. **Dr. Aziz** has been properly served with this Complaint.

75. **Dr. Aziz** has no defense to this lawsuit based on undue delay in bringing suit — whether based on the statute of limitations, the statute of repose, laches, or any similar theory.

76. At all times relevant to this Complaint, **Dr. Aziz** acted as an employee or other agent of Gastrointestinal Specialists of Georgia, PC.

77. **JEFFREY L. KIM, MD** is a Georgia resident. He resides at 4805 Bellingham Dr., Marietta, GA 30062, in Cobb County.

78. **Dr. Kim** is subject to the personal jurisdiction of this Court.

79. **Dr. Kim** is subject to the subject matter jurisdiction of this Court in this case.

80. Pursuant to OCGA § 9-10-31, **Dr. Kim** is subject to venue in this Court because one of his co-defendants is directly subject to venue here.

81. **Dr. Kim** has been properly served with this Complaint.

82. **Dr. Kim** has no defense to this lawsuit based on undue delay in bringing suit — whether based on the statute of limitations, the statute of repose, laches, or any similar theory.

83. At all times relevant to this Complaint, **Dr. Kim** acted as an employee or other agent of Gastrointestinal Specialists of Georgia, PC.

84. **JOSEPH REDCROSS II, DO** is a Georgia resident. He resides at 3008 Canton View Walk, Marietta, GA 30068, in Cobb County.

85. **Dr. Redcross** is subject to the personal jurisdiction of this Court.

86. **Dr. Redcross** is subject to the subject matter jurisdiction of this Court in this case.

87. Pursuant to OCGA § 9-10-31, **Dr. Redcross** is subject to venue in this Court because one of his co-defendants is directly subject to venue here.

88. **Dr. Redcross** has been properly served with this Complaint.

89. **Dr. Redcross** has no defense to this lawsuit based on undue delay in bringing suit — whether based on the statute of limitations, the statute of repose, laches, or any similar theory.

90. At all times relevant to this Complaint, **Dr. Redcross** acted as an employee or other agent of Wellstar Medical Group, LLC.

91. **BARBARA TANNER-TORRES, NP** is a Georgia resident. She resides at 3830 Jamaica Drive, Jonesboro, GA 30236, in Henry County.

92. **Ms. Tanner-Torres** is subject to the personal jurisdiction of this Court.

93. **Ms. Tanner-Torres** is subject to the subject matter jurisdiction of this Court in this case.

94. Pursuant to OCGA § 9-10-31, **Ms. Tanner-Torres** is subject to venue in this Court because one of her co-defendants is directly subject to venue here.

95. **Ms. Tanner-Torres** has been properly served with this Complaint.

96. **Ms. Tanner-Torres** has no defense to this lawsuit based on undue delay in bringing suit — whether based on the statute of limitations, the statute of repose, laches, or any similar theory.

97. At all times relevant to this Complaint, **Ms. Tanner-Torres** acted as an employee or other agent of Wellstar Medical Group, LLC.

98. **KENNESTONE HOSPITAL, INC. ("KH")** is a Georgia nonprofit corporation. Registered Agent: Leo E. Reichert. Physical Address: 793 Sawyer Road, Marietta, GA 30062 (Cobb County). Principal Office Address: 793 Sawyer Road, Marietta, GA 30062 (Cobb County).

99. **KH** is subject to the personal jurisdiction of this Court.

100. **KH** is subject to the subject matter jurisdiction of this Court in this case.

101. **KH** is subject to venue in this Court because one of its co-defendants is directly subject to venue here.

102. **KH** has been properly served with this Complaint.

103. **KH** has no defense to this lawsuit based on undue delay in bringing suit — whether based on the statute of limitations, the statute of repose, laches, or any similar theory.

104. At all times relevant to this Complaint, **KH** owned and operated Wellstar Kennestone Hospital, located at 677 Church Street NE, Marietta, GA 30060, in Cobb County.

105. **WELLSTAR HEALTH SYSTEM, INC. ("WHS")** is a Georgia nonprofit corporation. Registered Agent: Leo E. Reichert. Physical Address: 793 Sawyer Road, Marietta, GA 30062 (Cobb County). Principal Office Address: 793 Sawyer Road, Marietta, GA 30062 (Cobb County).

106. **WHS** is subject to the personal jurisdiction of this Court.

107. **WHS** is subject to the subject matter jurisdiction of this Court in this case.

108. **WHS** is subject to venue in this Court because one of its co-defendants is directly subject to venue here.

109. **WHS** has been properly served with this Complaint.

110. **WHS** has no defense to this lawsuit based on undue delay in bringing suit — whether based on the statute of limitations, the statute of repose, laches, or any similar theory.

111. At all times relevant to this Complaint, **WHS** was the parent corporation, providing overall coordination including the governing body, to its controlled affiliates Wellstar Medical Group, LLC, and Kennestone Hospital, Inc.

112. **JOHN/JANE DOE 1-10** are those yet unidentified individuals and/or entities who may be liable, in whole or part, for the damages alleged herein.

Cause of Action: Negligence (Negligent Administration)

Against Wellstar Medical Group, LLC, Quantum Radiology, PC, Gastrointestinal Specialists of Georgia, PC, Kennestone Hospital, Inc., and Wellstar Health System, Inc.

General Notice of the Claim

113. Defendants Wellstar Medical Group, LLC, Quantum Radiology, PC, Gastrointestinal Specialists of Georgia, PC, Kennestone Hospital, Inc., and Wellstar Health System, Inc. (together, "Corporate Defendants") owed duties of care to Skyla Britt.

114. The Corporate Defendants owed duties of ordinary care to Skyla Britt.

115. The Corporate Defendants violated duties of ordinary care to Skyla Britt.

116. The Corporate Defendants violated duties of ordinary care through the actions of their non-professional administrators — that is, administrators not licensed for professions listed in OCGA 9-11-9.1(g).

117. The Corporate Defendants violated duties of ordinary care through the actions of their professional staff in performing purely administrative tasks.

118. Negligent administration by Corporate Defendants created unnecessary and unreasonable potential for medical errors by the physicians and nurses involved in the care of Skyla Britt. That is, negligently administered systems and organizational cultures promoted, rather than prevented, medical error.

119. By violating their duties of ordinary care, the Corporate Defendants harmed Skyla Britt.

120. The individuals directly responsible for acts of negligent administration were actual and/or ostensible agents or otherwise servants and/or employees of the Corporate Defendants.

121. The Corporate Defendants are vicariously liable for the negligence of the individual administrators whose negligence contributed to injure Skyla Britt.

More Detailed Notice of the Claim

Statements not in numbered paragraphs require no response from the Defendants.

The foregoing averments suffice to state a claim. However, in accordance with the overriding goal of the Civil Practice Act — "to secure the just, speedy, and inexpensive determination of every action"[4] — the more detailed averments below are presented instead to give the Defendants additional notice, to narrow the disputes, and to simplify discovery and trial.

Plaintiff does not waive the provisions of Georgia's notice-pleading requirements, or assume any obligation to provide more than the general notice required by law.[5]

Negligence, not Professional Malpractice

122. Georgia law recognizes that ordinary negligence in the form of negligent administration can contribute to a chain of events that includes medical malpractice and harms a patient.[6]

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[4] OCGA 9-11-1 ("This chapter shall be construed to secure the just, speedy, and inexpensive determination of every action.").

[5] *See Atlanta Women's Specialists v. Trabue*, 310 Ga. 331 (2020) ("Georgia is a notice pleading jurisdiction. Generally, our Civil Practice Act (CPA) advances liberality of pleading. … [A] complaint need only provide fair notice of what the plaintiff's claim is and the grounds upon which it rests. 'It must be remembered that the objective of the CPA is to avoid technicalities and to require only a short and plain statement of the claim that will give the defendant fair notice of what the claim is and a general indication of the type of litigation involved; the discovery process bears the burden of filling in details.'") (cleaned up).

[6] *See, e.g.:*

123. Georgia law recognizes that both ordinary negligence & medical malpractice can exist and combine to cause harm — creating liability for both ordinary negligence and medical malpractice.

124. Any negligence by an individual not licensed for a profession listed in OCGA 9-11-9.1(g) is ordinary negligence, not professional malpractice.

125. The Georgia courts have not catalogued every purely administrative duty in a hospital.

126. Plaintiff's Negligent Administration claim is not a claim for professional malpractice as defined in OCGA 9-11-9.1. This is a claim for negligence — that is, "ordinary" or "simple" negligence.

127. This claim is premised largely on the negligence of individuals who are not licensed for professions listed in OCGA 9-11-9.1.

128. To the extent this claim is premised on the negligence of individuals who *are* licensed for professions listed in OCGA 9-11-9.1, this claim addresses only actions that could permissibly be performed by people who are not so licensed.

129. To the extent the trial and appellate courts ultimately determine that any particular act constituted professional malpractice as defined in OCGA 9-11-9.1, Plaintiff stipulates that the act does not support a claim ordinary negligence.

Dent v. Memorial Hospital, 270 Ga. 316 (1998) (medical malpractice case; reversing judgment in favor of hospital, because jury instructions did not make clear that both ordinary negligence and professional malpractice would authorize a verdict against the hospital);

Lowndes County Health v. Copeland, 352 Ga. App. 233 (2019) (medical malpractice case; affirming verdict for both ordinary negligence and professional negligence against a skilled nursing facility).

The Scale of Medical Error, & System Failures as a Cause

130. Preventable medical error is a leading cause of death in America.

131. The complexity of hospital care creates potential for medical errors of various kinds — *for example,* inattention, failures of communication, lack of preparedness, mistaken assumptions that someone else is addressing a problem, and others.

132. One central function of healthcare administration is to create systems and organizational cultures that facilitate exposing medical errors before they cause serious harm.

133. Medical errors usually involve both (a) error by the individual clinicians directly involved in a patient's care, and (b) system failures that create unnecessary potential for error.

Management or Administration as a Distinct Discipline

134. Hospital administrators need education, training, and skills different from those required to be a physician or nurse. Non-professional hospital administrators must have education or training in management, but need not have gone to medical or nursing school. Physicians or nurses need not have training in managing organizations.

135. OCGA 9-11-9.1(g) does not include hospital administrators in the list of professionals to which OCGA 9-11-9.1 applies.

136. Non-professional hospital administrators — because they are not medical professionals — do not apply medical judgment in their work.

137. Where physicians or nurses occupy administrative roles, some of their duties include administrative tasks that do not require being a physician or nurse — for example, checking to make sure a certain policy has been communicated to hospital staff, or checking to make hospital staff has undergone certain training.

Non-Professional Administrators & Patient Safety

138. Clinicians treating patients usually are not in a position to fix problems with the systems and organizational cultures in a hospital.

139. Frequently, hundreds of individual physicians practice in a given hospital. The individual physicians practice within the systems and organizational culture maintained by hospital administrators. The individual physicians must rely on, and are constrained by, the work of hospital administrators.

140. Patient safety is not solely the responsibility of the physicians and nurses treating a patient.

141. Hospital administrators acting in a purely administrative capacity have responsibilities for protecting patient safety.

142. Negligence by non-professional administrators can and does foreseeably cause harm to patients. Within the healthcare industry, this principle is accepted and well understood by clinicians and non-clinicians alike.

Responsibilities of Hospital Administrators for Patient Safety

143. Federal regulations impose requirements on hospital administrators concerning patient safety.

144. The Joint Commission's accreditation standards impose requirements on hospital administrators concerning patient safety.

145. Pursuant to industry standards, non-professional hospital administrators are responsible for the systems and organizational culture of the hospital.

146. Non-professional hospital administrators must learn about the common sources of medical error industry-wide and ensure that those general sources of error are addressed effectively in the administrators' own hospital.

147. Non-professional hospital administrators must organize efforts to identify common sources of medical error in the administrators' own hospital, and to address those sources of error effectively.

148. Concerning policies or protocols for medical care, non-professional hospital administrators have limited but important responsibilities.

149. Concerning policies or protocols for medical care, non-professional hospital administrators are responsible for:

a. making sure need-assessments are performed to identify what policies or protocols should be created,

b. making sure policies and protocols are communicated effectively to hospital staff (instead of just papering the file),

c. making sure training is given so that hospital staff understand how to apply the policies and protocols in practice,

d. making clear that the policies and protocols must be followed (*that is,* that the policies and protocols are not bureaucratic formalities which staff can disregard),

e. monitoring compliance, and

f. ensuring remedial actions are taken where compliance problems arise.

150. Non-professional hospital administrators must engage all hospital staff in actively seeking out problems in the hospital's system and culture — and fixing the problems before they cause further harm.

151. Non-professional hospital administrators must ensure the hospital is actually implementing policies. Just papering the file is not enough.

152. Non-professional hospital administrators have important responsibilities in a variety of specific areas. The following is a non-exhaustive list:

a. Culture of Safety

b. Quality Monitoring & Improvement

c. Staffing & Training

d. Communication and Patient Hand-offs

e. Patient Rights & Grievance Process

f. Sentinel Events.

Accountability for Hospital administrators

153. Purely administrative negligence can contribute substantially to medical error that hurts patients.

154. It would be dangerous to exempt hospital administrators from accountability for their own negligence.

155. Exempting hospital administrators from accountability for their own negligence would remove an important incentive for administrators to work diligently to create systems that protect patients.

Negligent Administration in This Case

156. In this case, the Corporate Defendants violated duties of ordinary care, through administrative negligence, and in so doing they caused harm to Skyla Britt.

157. The facts of the medical care of Skyla Britt permit inferences of administrative negligence in certain respects. Discovery may reveal additional negligence.

158. Communication & Coordination; Patient Hand-Offs: Hospital administrators must ensure that where multiple providers are involved in a patient's care, protocols are in place to ensure proper communication & coordination between providers (including at patient hand-offs) — to avoid gaps that lead to medical error.

159. The Corporate Defendants failed to take reasonable efforts in this regard. Important parts of that work (though not the whole of it) are purely administrative. These entities committed administrative negligence in this respect. The negligence caused harm to Skyla Britt.

160. The non-professional, administrative tasks relating to the foregoing issues involve varying levels of sophistication. However, even the simplest ministerial tasks are important. For example, failure to disseminate a policy would be among the simplest possible tasks, but negligence as to that task would cause harm.

161. Pursuant to OCGA Title 51, Chapter 4, Skyla Britt is entitled to recover from Corporate Defendants for all damages caused by their negligent administration.

Cause of Action: Civil Battery

Against Dr. Taylor and Wellstar Medical Group, LLC

162. Dr. Taylor performed a cholecystectomy on Skyla Britt.

163. Dr. Taylor knew the cholecystectomy was not indicated for Skyla.

164. Dr. Taylor performed cholecystectomy without obtaining Skyla's actual informed consent to the surgery.

165. In recommending the surgery, Dr. Taylor failed to inform Skyla that there was no indication or need for cholecystectomy.

166. Dr. Taylor's misrepresentations were egregious because:

    a. they were directly contrary to Skyla's medical presentation, and

    b. cholecystectomy is a surgery with known potential complications and risks, including but not limited to biliary injury, peritonitis, and sepsis.

167. In light of those misrepresentations, any consent Skyla formally gave to the cholecystectomy surgery was not and could not be actual informed consent.

168. Dr. Taylor performed the cholecystectomy surgery without Skyla's actual informed consent. Dr. Taylor performed the surgery with fraudulently induced consent.

169. The cholecystectomy thus constituted unlawful contact with Skyla.

170. Each incision, touch, suture, and other invasive act constituted an intentional, willful, wanton, and unlawful contact with Skyla.

171. The cholecystectomy caused Skyla harm, including the physical, mental, and emotional injury associated with (a) the cholecystectomy itself, (b) the subsequent medical treatment including but not limited to multiple ERCP procedures, an abdominal washout, and a hepaticojejunostomy, (c) the complications resulting from the cholecystectomy surgery, including hepatic duct injury, bile leak, sepsis, and need for hepaticojejunostomy, and (d) the removal of a normal organ.

172. As Dr. Taylor's employer or other principal at the time of his tortious conduct, Wellstar Medical Group, LLC, is vicariously liable for his tortious conduct, because Dr. Taylor was acting within the scope of his employment or agency with Wellstar Medical Group, LLC at that time.

173. Additional factual allegations below, in the "Professional Malpractice" section, relate to and support Skyla's cause of action for civil battery.

Cause of Action: Professional Malpractice

Directly: Against Dr. Taylor, Dr. Sykes, Dr. Sappati-Biyyani, Dr. Andujar, Ms. Rivers-Fleming, Dr. Aziz, Dr. Kim, Dr. Redcross, and Ms. Tanner-Torres.

Vicariously: Against Wellstar Medical Group, LLC, Quantum Radiology, PC, and Gastrointestinal Specialists of Georgia, PC.

General Notice of the Claim

174. On March 3, 2020, March 19, 2020, and March 24, 2020, **Dr. Taylor** owed professional duties of care to Skyla Britt — duties which he breached, causing harm to Skyla Britt.

175. At all times relevant to this Complaint, Dr. Taylor acted as an employee or other agent of **Wellstar Medical Group, LLC**. As Dr. Taylor's employer or other principal at the time of his negligence, Wellstar Medical Group, LLC, is vicariously liable for his negligence, because Dr. Taylor was acting within the scope of his employment or agency with Wellstar Medical Group, LLC at that time.

176. On March 24, 2020, **Dr. Sykes** owed professional duties of care to Skyla Britt — duties which he breached, causing harm to Skyla Britt.

177. At all times relevant to this Complaint, Dr. Sykes acted as an employee or other agent of **Quantum Radiology, PC**. As Dr. Sykes's employer or other principal at the time of his negligence, Quantum Radiology, PC, is vicariously liable for his negligence, because Dr. Sykes was acting within the scope of his employment or agency with Quantum Radiology, PC, at that time.

178. On March 28, 2020, through April 1, 2020, **Dr. Sappati-Biyyani** owed professional duties of care to Skyla Britt — duties which he breached, causing harm to Skyla Britt.

179. At all times relevant to this Complaint, Dr. Sappati-Biyyani acted as an employee or other agent of **Gastrointestinal Specialists of Georgia, PC**. As Dr. Sappati-Biyyani's employer or other principal at the time of his negligence, Gastrointestinal Specialists of Georgia, PC, is vicariously liable for his negligence, because Dr. Sappati-Biyyani was acting within the scope of his employment or agency with Gastrointestinal Specialists of Georgia, PC, at that time.

180. On March 28, 2020, through April 8, 2020, **Dr. Andujar** owed professional duties of care to Skyla Britt — duties which he breached, causing harm to Skyla Britt.

181. At all times relevant to this Complaint, Dr. Andujar acted as an employee or other agent of **Wellstar Medical Group, LLC**. As Dr. Andujar's employer or other principal at the time of his negligence, Wellstar Medical Group, LLC, is vicariously liable for his negligence, because Dr. Andujar was acting within the scope of his employment or agency with Wellstar Medical Group, LLC at that time.

182. On March 28, 2020, through April 8, 2020, **Ms. Rivers-Fleming** owed professional duties of care to Skyla Britt — duties which she breached, causing harm to Skyla Britt.

183. At all times relevant to this Complaint, Ms. Rivers-Fleming acted as an employee or other agent of **Wellstar Medical Group, LLC**. As Ms. Rivers-Fleming's employer or other principal at the time of her negligence, Wellstar Medical Group, LLC, is vicariously liable for her negligence, because Ms. Rivers-Fleming was acting within the scope of her employment or agency with Wellstar Medical Group, LLC at that time.

184. On April 6, 2020, through April 8, 2020, **Dr. Aziz** owed professional duties of care to Skyla Britt — duties which he breached, causing harm to Skyla Britt.

185. At all times relevant to this Complaint, Dr. Aziz acted as an employee or other agent of **Gastrointestinal Specialists of Georgia, PC**. As Dr. Aziz's employer or other principal at the time of his negligence, Gastrointestinal Specialists of Georgia, PC, is vicariously liable for his negligence, because Dr. Aziz was acting within the scope of his employment or agency with Gastrointestinal Specialists of Georgia, PC, at that time.

186. On April 6, 2020, through April 8, 2020, **Dr. Kim** owed professional duties of care to Skyla Britt — duties which he breached, causing harm to Skyla Britt.

187. At all times relevant to this Complaint, Dr. Kim acted as an employee or other agent of **Gastrointestinal Specialists of Georgia, PC**. As Dr. Kim's employer or other principal at the time of his negligence, Gastrointestinal Specialists of Georgia, PC, is vicariously liable for his negligence, because Dr. Kim was acting within the scope of his employment or agency with Gastrointestinal Specialists of Georgia, PC, at that time.

188. On April 6, 2020, through April 8, 2020, Dr. Redcross owed professional duties of care to Skyla Britt — duties which he breached, causing harm to Skyla Britt.

189. At all times relevant to this Complaint, Dr. Redcross acted as an employee or other agent of **Wellstar Medical Group, LLC**. As Dr. Redcross's employer or other principal at the time of his negligence, Wellstar Medical Group, LLC, is vicariously liable for his negligence, because Dr. Redcross was acting within the scope of his employment or agency with Wellstar Medical Group, LLC at that time.

190. On April 6, 2020, through April 8, 2020, **Ms. Tanner-Torres** owed professional duties of care to Skyla Britt — duties which she breached, causing harm to Skyla Britt.

191. At all times relevant to this Complaint, Ms. Tanner-Torres acted as an employee or other agent of **Wellstar Medical Group, LLC**. As Ms. Tanner-Torres's employer or other principal at the time of her negligence, Wellstar Medical Group, LLC, is vicariously liable for her negligence, because Ms. Tanner-Torres was acting within the scope of her employment or agency with Wellstar Medical Group, LLC at that time.

More Detailed Notice of the Professional Malpractice Claim

Defendants need not respond to statements or other matter (e.g., citations or screenshots) not made in numbered paragraphs.

The foregoing averments suffice to state a claim. However, in accordance with the overriding goal of the Civil Practice Act — "to secure the just, speedy, and inexpensive determination of every action"[7] — the more detailed averments below are presented to give the Defendants additional notice, to narrow the disputes, and to simplify discovery and trial.

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[7] OCGA 9-11-1 ("This chapter shall be construed to secure the just, speedy, and inexpensive determination of every action.").

Plaintiff does not waive the provisions of Georgia's notice-pleading requirements, or assume any obligation to provide more than the general notice required by law.

Prologue

January 14, 2020 — Office visit to OB/GYN

192. On 1/14/2020, Skyla presents to Wellstar South Cobb OB/GYN Austell to see Stacey Cressy, NP.

- WSa 1

193. NP Cressy notes that Skyla presents with pelvic and right lower quadrant abdominal pain and irregular vaginal bleeding.

- WSa 2

194. NP Cressy plans for tests and transvaginal ultrasound imaging.

- WSa 4

195. NP Cressy records diagnoses of irregular menses, pelvic pain, and right lower quadrant abdominal pain.

- WSa 1

January 21, 2020 — Ultrasound and OB/GYN Visit

196. On 1/21/2020 Skyla is treated by Milele Francis, MD. At 0825 hrs, Skyla undergoes a transvaginal ultrasound.

- WSa 15-16

197. Dr. Francis refers Skyla to a gastrointestinal specialist.

- WSa 21

198. Dr. Francis records a diagnosis of right lower quadrant abdominal pain.

- WSa 13

January 28, 2020 Visit to Internal Medicine and Imaging at Douglas Hospital; Presentation to ED

199. On 1/28/2020, Skyla presents to Wellstar Internal Medicine at Prestley Mill for treatment by Jennifer Densmore, NP.

- WSa 26

200. NP Densmore notes that Skyla reports right lower quadrant abdominal pain that radiates upwards to later right upper quadrant and vaginal bleeding for two months. The pain and bleeding has worsened.

- WSa 28

201. Skyla's abdominal pain is located in the right lower quadrant, right upper quadrant, and suprapubic region. The pain starts in the right lower quadrant and radiates to the outer right upper quadrant. Nausea is present.

- WSa 29

202. NP Densmore plans for a stat CT scan of the abdomen and pelvis, among other actions.

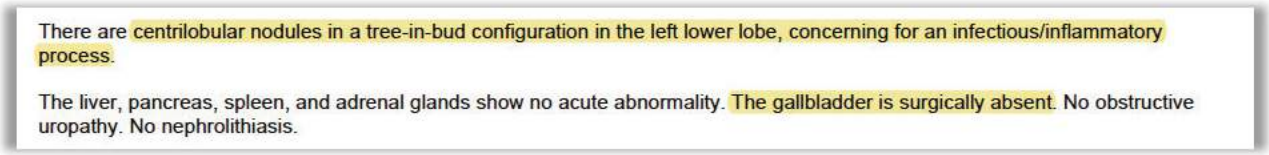
- WSa 33

203. NP Densmore records a diagnosis of acute abdominal pain of the right upper quadrant.

- WSa 27

204. On 1/28/2020 at 1636 hrs, Skyla has a CT scan abdomen / pelvis without contrast. Anjani Naidu, MD, reads the results. Dr. Naidu notes that Skyla's gallbladder is surgically absent.

- WSa 67

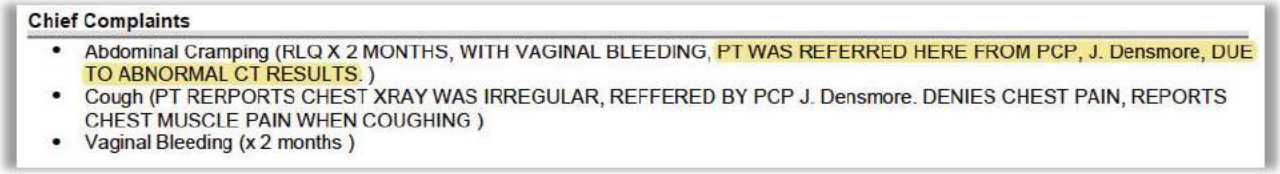


There are centrilobular nodules in a tree-in-bud configuration in the left lower lobe, concerning for an infectious/inflammatory process.

The liver, pancreas, spleen, and adrenal glands show no acute abnormality. The gallbladder is surgically absent. No obstructive uropathy. No nephrolithiasis.

205. NP Densmore refers Skyla to the ED because of the abnormal CT results.

- WSa77



Chief Complaints

- Abdominal Cramping (RLQ X 2 MONTHS, WITH VAGINAL BLEEDING, PT WAS REFERRED HERE FROM PCP, J. Densmore, DUE TO ABNORMAL CT RESULTS.)
- Cough (PT RERPORTS CHEST XRAY WAS IRREGULAR, REFFERED BY PCP J. Densmore. DENIES CHEST PAIN, REPORTS CHEST MUSCLE PAIN WHEN COUGHING)
- Vaginal Bleeding (x 2 months)

ED Admission at Wellstar Douglas Hospital

206. On 1/28 at 1927 hrs, Skyla presents to the ED at Wellstar Douglas Hospital

- WSa 1927

207. Lawrence D. Segal, DO, is Skyla's emergency care provider.

- WSa 77

208. Dr. Segal notes that Skyla has constant right upper quadrant abdominal pain which is non-radiating.

- WSa 78

209. Dr. Segal notes that Skyla also has left sided rib and chest pain.

- WSa 78

210. Skyla confirms that her gallbladder is not surgically absent, and that she has never had surgery.

- WSa 79.

211. For the left lower lobe issue, Dr. Segal refers Skyla to pulmonary medicine.

- WSa 79

212. During the physical exam, Dr. Segal notes that Skyla has tenderness in the right upper quadrant of the abdomen.

- WSa 82

213. During the same visit, Sarah Ellison, PA, notes that Skyla has tenderness in the right lower quadrant.

- WSa 86

214. Skyla has a liver function panel. The results are all values within the reference ranges.

- WSa 83

215. At 2021 hrs, Skyla has an ultrasound of the gallbladder. The results are read by Asad Hayat, MD, of radiology. Dr. Hayat notes that there is no gallstone or gallbladder wall thickening. There is a negative sonographic Murphey's sign.

- WSa 114

216. Dr. Segal prescribes Levaquin for the infectious process of the left lower lobe.

- WSa 84

217. The recorded diagnoses are pneumonia of left lower lobe due to infectious organism and right upper quadrant abdominal pain.

- WSa 77

February 13, 2020 — Visit with Pulmonary Medicine

218. On 2/13, Skyla presents to Wellstar Pulmonary Medicine Austell for evaluation by Marshaleen King, MD.

- WSa 114

219. Skyla presents for evaluation of the left lung opacities.

- WSa 118

220. Dr. King notes that Skyla's lung opacities are likely infectious in etiology. She will get a chest CT in four to six weeks.

- WSa 123

February 18, 2020 — Visit to GI Specialists of Georgia

221. On 2/18, Skyla presents to GI Specialists of Georgia to see Subodh Lal, MD.

- GIS 13

222. Skyla presents for evaluation of right sided abdominal pain. It occurs in the right upper quadrant but radiates to left upper quadrant and right lower quadrant, occurs daily, and is a constant throbbing. Skyla has also been experiencing menstrual bleeding during the same time.

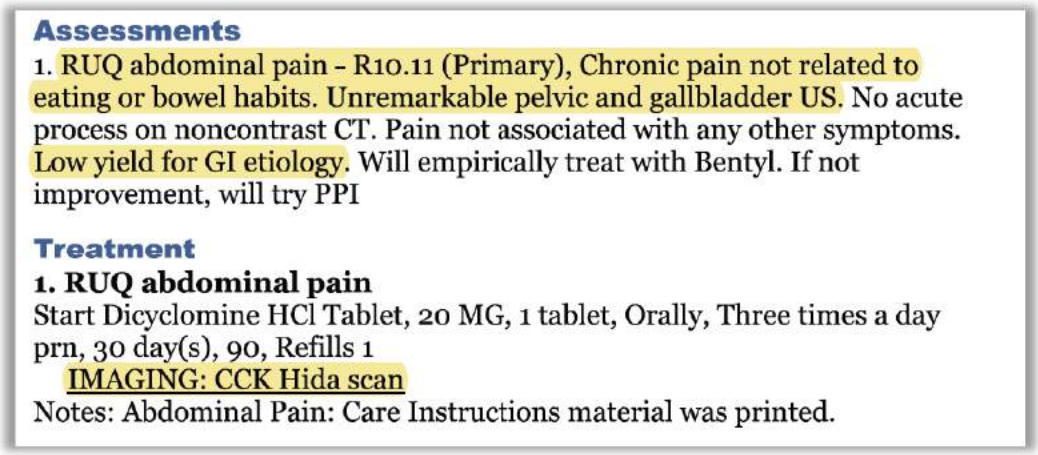
- GIS 12

223. Dr. Lal notes that Skyla has tenderness of the right upper quadrant, left upper quadrant, and right lower quadrant.

- GIS 13

224. Dr. Lal assesses Skyla's pain as a low yield for gastrointestinal etiology. She is referred for a CCK HIDA scan.

- GIS 12



Assessments

1. RUQ abdominal pain - R10.11 (Primary), Chronic pain not related to eating or bowel habits. Unremarkable pelvic and gallbladder US. No acute process on noncontrast CT. Pain not associated with any other symptoms. Low yield for GI etiology. Will empirically treat with Bentyl. If not improvement, will try PPI

Treatment

1. RUQ abdominal pain

Start Dicyclomine HCl Tablet, 20 MG, 1 tablet, Orally, Three times a day prn, 30 day(s), 90, Refills 1

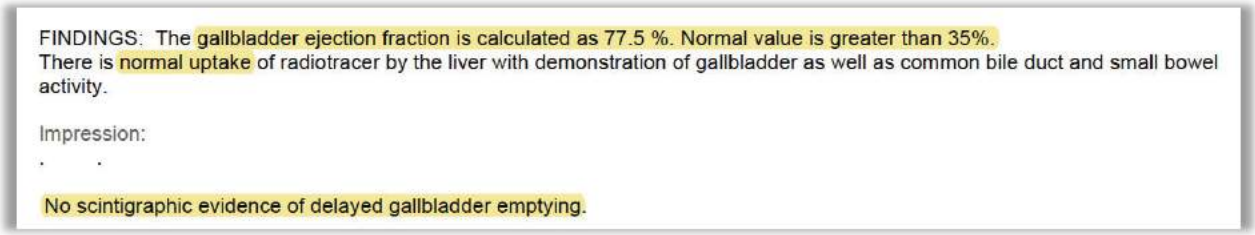
IMAGING: CCK Hida scan

Notes: Abdominal Pain: Care Instructions material was printed.

February 28, 2020 — HIDA Scan

225. On 2/28, Skyla presents to Wellstar Douglas Hospital for a nuclear medicine hepatobiliary scan with gallbladder ejection/drug. The results are read by radiologist Brian Gordon, MD. Dr. Gordon interprets the results as follows: Skyla's gallbladder ejection fraction is 77.5%, and normal value is greater than 35%. There is no scintigraphic evidence of delayed gallbladder emptying.

- WSa 167



FINDINGS: The gallbladder ejection fraction is calculated as 77.5 %. Normal value is greater than 35%.
There is normal uptake of radiotracer by the liver with demonstration of gallbladder as well as common bile duct and small bowel activity.

Impression:

No scintigraphic evidence of delayed gallbladder emptying.

Dr. Grant Taylor — March 3, 2020

226. On 3/3, Skyla presents to Dr. Taylor's office at Wellstar General Surgery Douglasville.

- WSa 182

227. Dr. Taylor notes that Skyla has right upper quadrant pain that travels to her back, chest, and right shoulder at times. She has constant nausea and some vomiting.

- WSa 185.

228. Dr. Taylor notes that Skyla's imaging includes an ultrasound, CT scan, and HIDA scan.

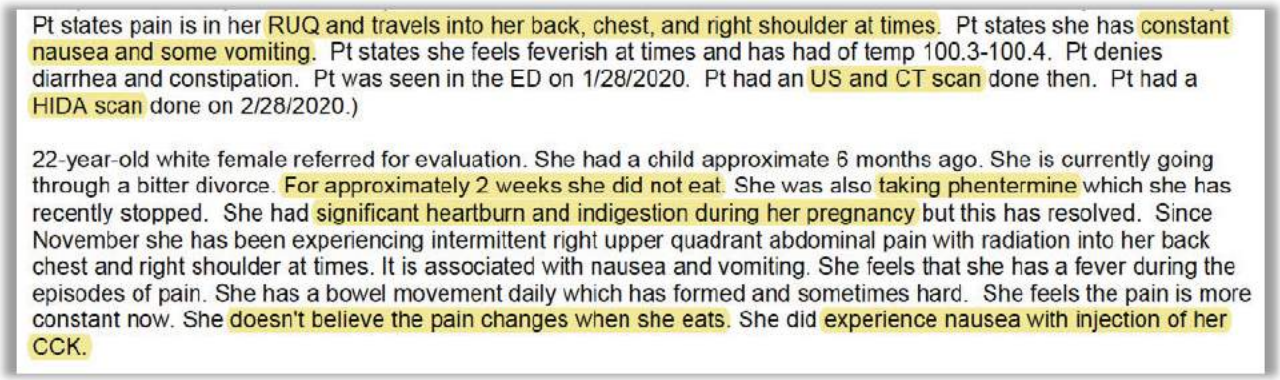
- WSa 185.

229. Dr. Taylor notes that Skyla did not eat for approximately two weeks and had been taking phentermine.

- WSa 185.

230. Dr. Taylor notes that during her pregnancy, Skyla had significant heartburn and indigestion. Her abdominal pain does not change when she eats. Skyla experienced nausea with the injection of her CCK.

- WSa 185



Pt states pain is in her RUQ and travels into her back, chest, and right shoulder at times. Pt states she has constant nausea and some vomiting. Pt states she feels feverish at times and has had of temp 100.3-100.4. Pt denies diarrhea and constipation. Pt was seen in the ED on 1/28/2020. Pt had an US and CT scan done then. Pt had a HIDA scan done on 2/28/2020.)

22-year-old white female referred for evaluation. She had a child approximate 6 months ago. She is currently going through a bitter divorce. For approximately 2 weeks she did not eat. She was also taking phentermine which she has recently stopped. She had significant heartburn and indigestion during her pregnancy but this has resolved. Since November she has been experiencing intermittent right upper quadrant abdominal pain with radiation into her back chest and right shoulder at times. It is associated with nausea and vomiting. She feels that she has a fever during the episodes of pain. She has a bowel movement daily which has formed and sometimes hard. She feels the pain is more constant now. She doesn't believe the pain changes when she eats. She did experience nausea with injection of her CCK.

231. Dr. Taylor views the HIDA scan from February 28, 2020.

- WSa 187

Radiology:
Nm Hepatobiliary Scan With Gallbladder Ejection/drug

232. Dr. Taylor gives a differential diagnosis of chronic cholecystitis, gastritis, an ulcer, and musculoskeletal pain.

- WSa 188.

233. Dr. Taylor states that if Skyla does not feel better from taking a proton pump inhibitor, she would benefit from a laparoscopic cholecystectomy with intraoperative cholangiogram. There is an 80% chance this would make her feel better.

- WSa 188

PLAN:
The differential diagnosis would include chronic cholecystitis, gastritis or an ulcer, musculoskeletal pain. This since she is under significant stress I have asked her to start taking her proton pump inhibitor. If the prescription has expired I will refill it for her.
If this does not make her feel better, she would benefit from a laparoscopic cholecystectomy with intraoperative cholangiogram. I told the patient and her mother there is an 80% chance this would make her feel better. The

Gallbladder Surgery — March 19, 2020

234. On 3/19/2020 at 0850 hrs, Skyla arrives at Wellstar Douglas Hospital for a cholecystectomy.

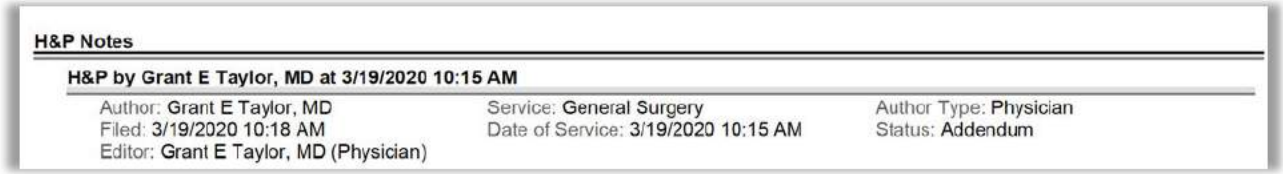
- WSa 205-206

Admission Information

Arrival Date/Time:		Admit Date/Time:	03/19/2020 0850	IP Adm. Date/Time:	
Admission Type:	Elective	Point of Origin:	Physician Or Clinic Referral	Admit Category:	
Means of Arrival:	Car	Primary Service:	General Surgery	Secondary Service:	N/A
Transfer Source:		Service Area:	WS SERVICE AREA	Unit:	Wellstar Douglas Hospital (DH PRE/POST)
Admit Provider:	Grant E Taylor, MD	Attending Provider:	Grant E Taylor, MD	Referring Provider:	

235. On 3/19/2020 at 1015 hrs, Dr. Taylor evaluates Skyla.

- WSa 208



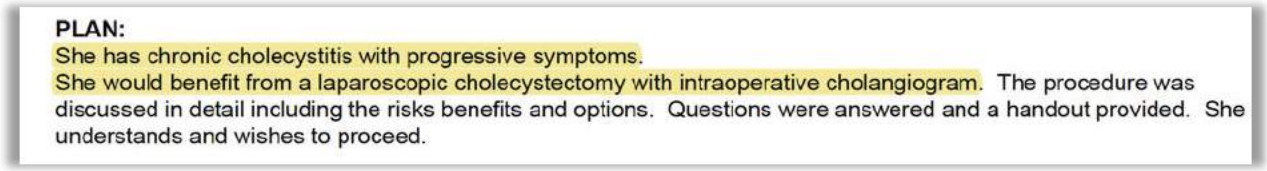
H&P Notes

H&P by Grant E Taylor, MD at 3/19/2020 10:15 AM

Author: Grant E Taylor, MD | Service: General Surgery | Author Type: Physician
Filed: 3/19/2020 10:18 AM | Date of Service: 3/19/2020 10:15 AM | Status: Addendum
Editor: Grant E Taylor, MD (Physician)

236. Dr. Taylor gives Skyla a diagnosis of chronic cholecystitis with progressive symptoms. Dr. Taylor notes that Skyla would benefit from a laparoscopic cholecystectomy with intraoperative cholangiogram.

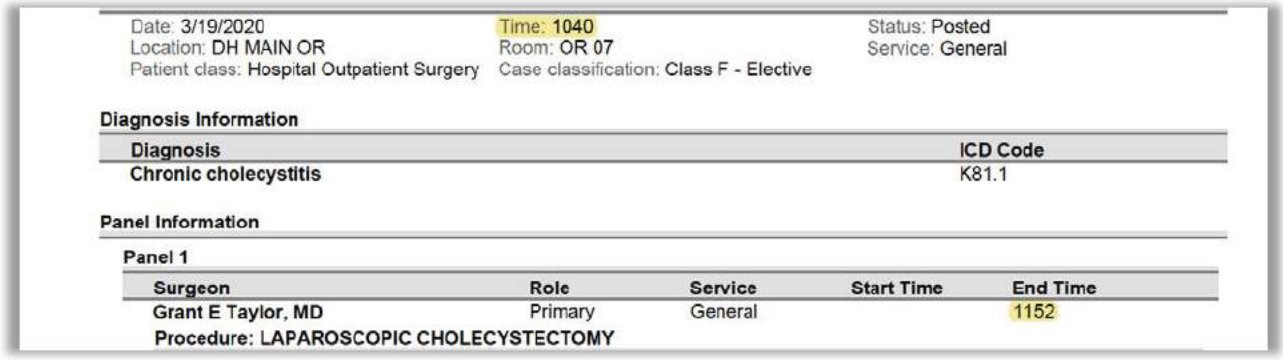
- WSa 212



PLAN:
She has chronic cholecystitis with progressive symptoms.
She would benefit from a laparoscopic cholecystectomy with intraoperative cholangiogram. The procedure was discussed in detail including the risks benefits and options. Questions were answered and a handout provided. She understands and wishes to proceed.

237. On 3/19/2020, from 1040 hrs to 1152 hrs, Dr. Taylor performs the laparoscopic cholecystectomy.

- WSa 224



Date: 3/19/2020 | Time: 1040 | Status: Posted
Location: DH MAIN OR | Room: OR 07 | Service: General
Patient class: Hospital Outpatient Surgery | Case classification: Class F - Elective

Diagnosis Information

Diagnosis	ICD Code
Chronic cholecystitis	K81.1

Panel Information

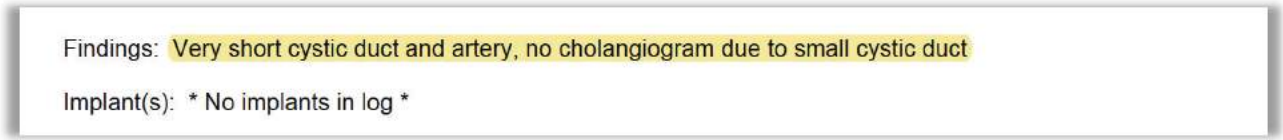
Panel 1

Surgeon	Role	Service	Start Time	End Time
Grant E Taylor, MD	Primary	General		1152

Procedure: LAPAROSCOPIC CHOLECYSTECTOMY

238. At 1058 hrs, Dr. Taylor removes the gallbladder. During the surgery, Dr. Taylor notes that Skyla has a very short cystic duct and artery. The cholangiogram is not performed due to Skyla's small cystic duct.

- WSa 228

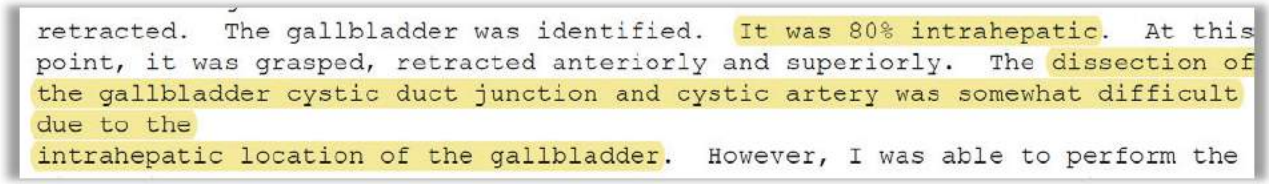


Findings: Very short cystic duct and artery, no cholangiogram due to small cystic duct

Implant(s): * No implants in log *

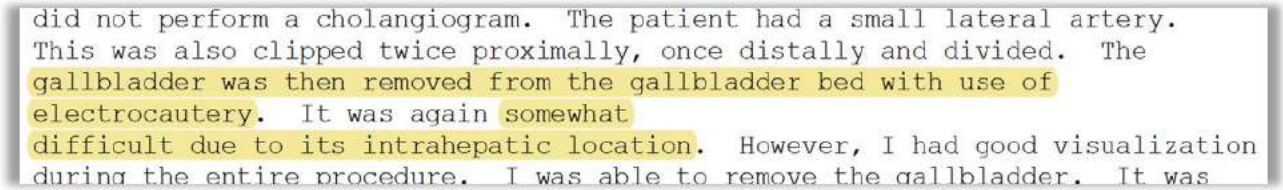
239. During the procedure, Dr. Taylor notes that Skyla has an 80% intrahepatic gallbladder. Parts of the procedure are difficult due to the intrahepatic location of Skyla's gallbladder.

- WSa 229



retracted. The gallbladder was identified. It was 80% intrahepatic. At this point, it was grasped, retracted anteriorly and superiorly. The dissection of the gallbladder cystic duct junction and cystic artery was somewhat difficult due to the
intrahepatic location of the gallbladder. However, I was able to perform the

- WSa 230



did not perform a cholangiogram. The patient had a small lateral artery. This was also clipped twice proximally, once distally and divided. The gallbladder was then removed from the gallbladder bed with use of electrocautery. It was again somewhat
difficult due to its intrahepatic location. However, I had good visualization during the entire procedure. I was able to remove the gallbladder. It was

240. At 1324 hrs, after the procedure, Deltranee Hanson, RN, notes that Skyla has had a possible reaction to fentanyl. Skyla's face is red. Benadryl is administered. At 1359 hrs, Nancy Forsyth, RN, notes that Skyla has walked in the hall, has ingested soda, and will be discharged when criteria is met.

- WSa 213

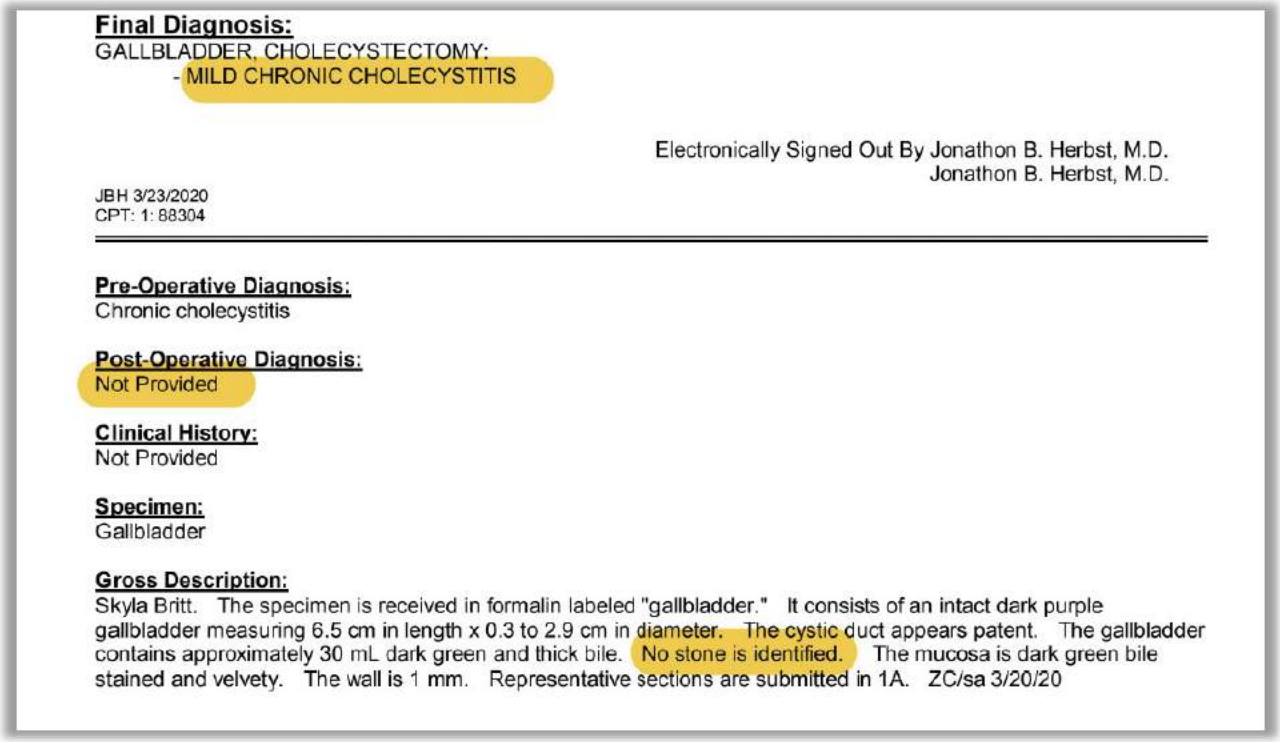
241. On 3/19 at 1516 hrs, Skyla is discharged from Douglas Hospital.

- WSa 206

Gallbladder Pathology Findings

242. On 3/23, the pathology report for the gallbladder is completed. The final diagnosis is mild chronic cholecystitis. There are no specific histologic findings noted in the report.

- WSa 233



Final Diagnosis:
GALLBLADDER, CHOLECYSTECTOMY:
- MILD CHRONIC CHOLECYSTITIS

Electronically Signed Out By Jonathon B. Herbst, M.D.
Jonathon B. Herbst, M.D.

JBH 3/23/2020
CPT: 1: 88304

Pre-Operative Diagnosis:
Chronic cholecystitis

Post-Operative Diagnosis:
Not Provided

Clinical History:
Not Provided

Specimen:
Gallbladder

Gross Description:
Skyla Britt. The specimen is received in formalin labeled "gallbladder." It consists of an intact dark purple gallbladder measuring 6.5 cm in length x 0.3 to 2.9 cm in diameter. The cystic duct appears patent. The gallbladder contains approximately 30 mL dark green and thick bile. No stone is identified. The mucosa is dark green bile stained and velvety. The wall is 1 mm. Representative sections are submitted in 1A. ZC/sa 3/20/20

243. The pathology report indicates a normal gallbladder.

244. The histomorphologic architecture of all layers of the gallbladder and cytic duct, including the mucosa (glandular epithelium and lamina propria), muscularis propria, and serosa is entirely normal.

245. There are no acute or chronic inflammatory cell infiltrates within any of the gallbladder or cystic duct layers — no increased eosinophils, epithelioid granulomas, viral inclusions, intraluminal stone fragments, or parasitic organisms. There is no evidence of dysplasia or malignancy.

246. The removed gallbladder and cystic duct of patient Skyla Britt are histologically normal.

247. "Mild chronic cholecystitis" is a non-specific term that has no clinical significance. In pathology reports for gallbladder specimens, that term is essentially synonymous with "normal."

Post Op Office Visit — March 24, 2020

248. On 3/24/2020 at 0900 hrs, Skyla presents for a post-operative visit with Dr. Taylor at Wellstar General Surgery Douglas.

- WSa 280

249. Dr. Taylor notes that Skyla has experienced constant nausea with vomiting, abdominal pain, sweating, constipation, and a poor appetite.

- WSa 281

> Pt is here for post op on s/p Lap Chole 3/19/2020. Pt states she has had constant nausea with vomiting since surgery, with abdominal pain. Pt also complains of bad sweats through out the day, and constipation since surgery. Pt appetite is poor.

250. Skyla is tachycardic with a heart rate of 147.

- WSa 281.

251. Dr. Taylor notes that Skyla appears uncomfortable. There is mild distention and mild diffuse tenderness of Skyla's abdomen.

- WSa 281

She appears uncomfortable
Heart regular rate and rhythm but tachycardic
Lungs clear to auscultation
Abdomen soft with mild distention and mild diffuse tenderness no guarding or rebound all incisions are well approximated with minimal induration and mild tenderness but no erythema

252. Dr. Taylor notes that Skyla is having more pain than she should and there is a concern for a bile leak. Skyla is sent for a stat HIDA scan and bloodwork.

- WSa 281

Assessment and plan status post laparoscopic cholecystectomy
She is having more pain than she should be at this time after her surgery. I am concerned about a Bile leak. I'm going to send her for a stat HIDA scan and blood work. I will call her when this is complete.

253. At 09:34:22, GI Specialists of Georgia sends the records from Skyla's visit with them on February 18, 2020, to Dr. Taylor.

- WSa 279

Sent through eClinicalWorks EMR/PM 09:35 AM 24/03/2020 page 2

GI SPECIALISTS OF GEORGIA

BRITT, SKYLA T
22 Y old Female, DOB:
Account Number: 829918
24 LOUISE LN, VILLA RICA, GA 30180-3843
Home: 678-993-8336

254. At 1225 hrs, Charles Sykes, MD, of radiology, interprets Skyla's HIDA scan as negative for a leak.

- WSa 306

1. No evidence of biliary obstruction or leak in patient who had recent cholecystectomy. If abdominal pain persists consider repeat abdominal CT scan to compare with preoperative 1/28/2020 exam in search of any new pathology.

Released By: CHARLES SYKES, MD 3/24/2020 12:25 PM

255. In fact, the HIDA scan confirmed a bile leak. Dr. Sykes misread the HIDA scan.

256. Dr. Taylor notes that the HIDA scan results are negative. Skyla's white blood cell count and creatine are elevated.

- WSa 281.

257. Dr. Taylor prescribes Skyla antibiotics, tells her to drink fluids, and asks that she return in one week.

- WSa 281

HIDA, no leak.
WBC and creat elevated.. Encouraged her to drink as much as possible. Will send antibiotics to pharmacy.
She will see me in 1 week

258. Skyla has an elevated platelet count and elevated liver function tests.

- WSa 427-428

Results from last 7 days

Lab	Units	03/28/20 0343	03/24/20 0950
WBC COUNT	10E9/L	26.52*	21.34*
HGB	g/dL	13.6	13.2
HEMATOCRIT	%	41.9	42.1
MCV	fL	83.8	88.1
PLATELET	10E9/L	782*	504*

Lab	Units	03/28/20 0343	03/24/20 0950
ALKALINE PHOS	IU/L	189*	125*
BILIRUBIN, TOTAL	mg/dL	2.2*	1.2
ALT	IU/L	46*	44*
AST	IU/L	36*	30

Post-Op ED Visit #1 — March 28, 2020

March 28

Wellstar Douglas ED

259. On 3/28/2020 at 0250 hrs, Skyla arrives to the emergency department at Wellstar Douglas Hospital by car.

- WSa 310

Arrival Date/Time:	03/28/2020 0250	Admit Date/Time:	03/28/2020 0300	IP Adm. Date/Time:	03/28/2020 0700
Admission Type:	Emergency	Point of Origin:	Self Referral	Admit Category:	
Means of Arrival:	Car	Primary Service:	General Surgery	Secondary Service:	N/A
Transfer Source:		Service Area:	WS SERVICE	Unit:	Wellstar Douglas

260. Skyla presents to the emergency department with worsened abdominal pain, nausea, and vomiting.

- WSa 312

Skyla Tayler Britt is a 22 y.o. female who presents to the ED with complaints of worsened post-op problem x 1 day. Pt states she had a laparoscopic cholecystectomy done 3/23 and notes she has had constant right sided abd pain since. Pt describes the right sided abd pain as worsened today and not relieved with Rx pain medications. Patient's associated Sx include nausea and vomiting. Pt denies fever, chills, sweats, cough, or any other sx.

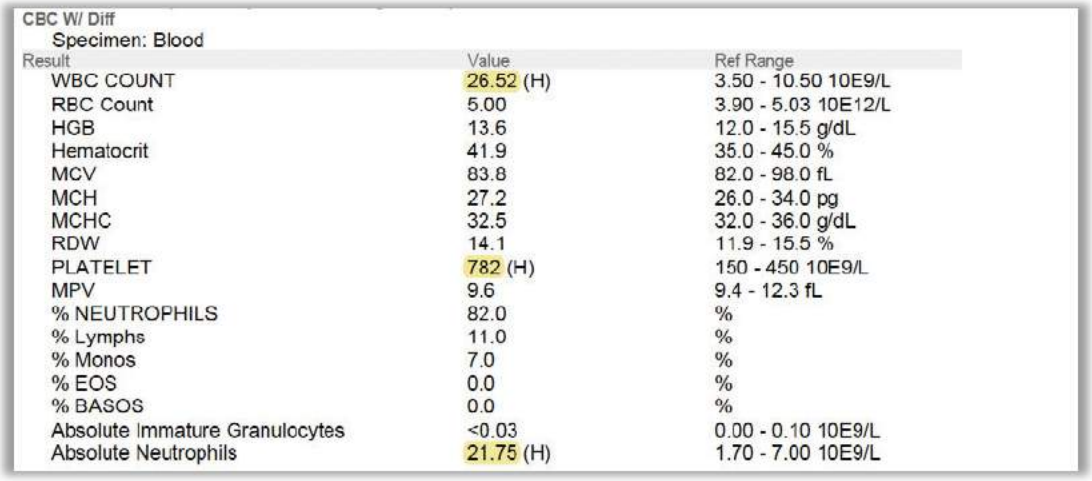
261. Skyla has a heart rate of 138 and a respiratory rate of 24.

- WSa 315

Vital signs upon initiating note	
BP	121/95
Pulse	(!) 138
Temp	97.8 °F (36.6 °C) (Oral)
Resp	(!) 24

262. Skyla's white blood cell count is 26.52. Her absolute neutrophils are 21.75. Her platelet value is 782.

- WSa 316

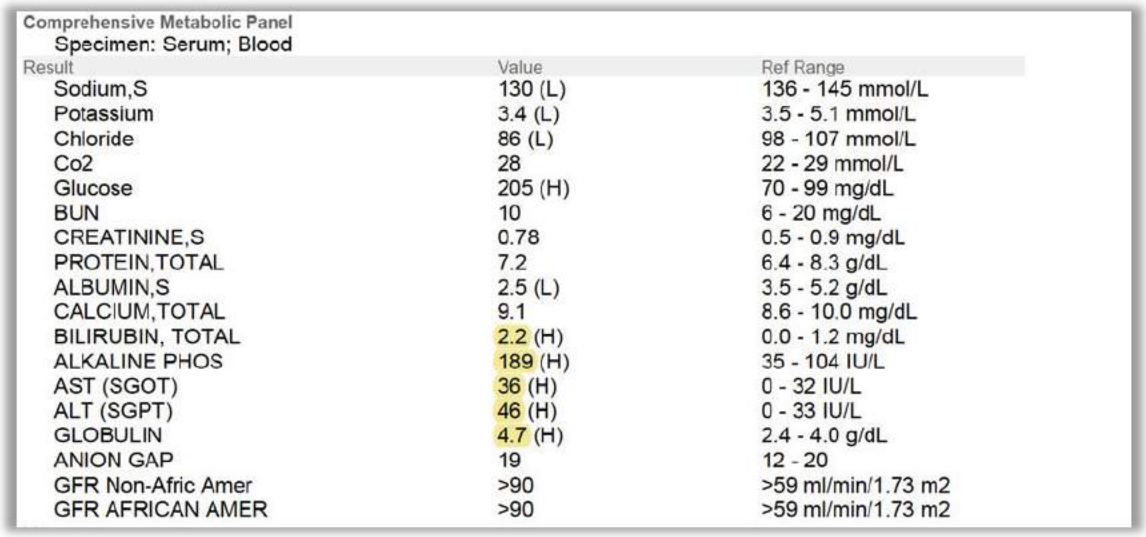


CBC W/ Diff
Specimen: Blood

Result	Value	Ref Range
WBC COUNT	26.52 (H)	3.50 - 10.50 10E9/L
RBC Count	5.00	3.90 - 5.03 10E12/L
HGB	13.6	12.0 - 15.5 g/dL
Hematocrit	41.9	35.0 - 45.0 %
MCV	83.8	82.0 - 98.0 fL
MCH	27.2	26.0 - 34.0 pg
MCHC	32.5	32.0 - 36.0 g/dL
RDW	14.1	11.9 - 15.5 %
PLATELET	782 (H)	150 - 450 10E9/L
MPV	9.6	9.4 - 12.3 fL
% NEUTROPHILS	82.0	%
% Lymphs	11.0	%
% Monos	7.0	%
% EOS	0.0	%
% BASOS	0.0	%
Absolute Immature Granulocytes	<0.03	0.00 - 0.10 10E9/L
Absolute Neutrophils	21.75 (H)	1.70 - 7.00 10E9/L

263. All of Skyla's liver function tests are elevated.

- WSa 317

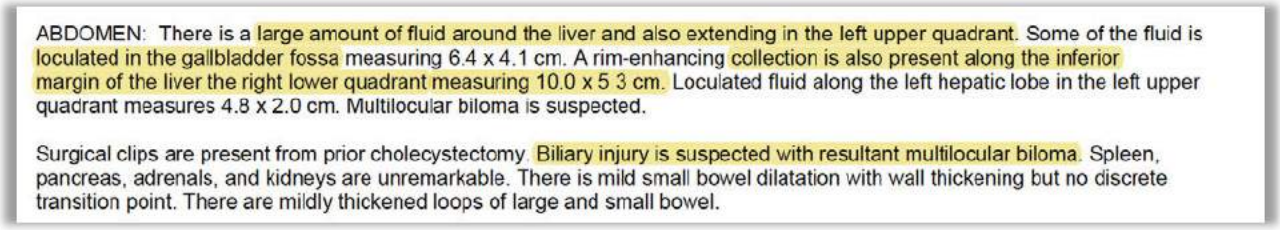


Comprehensive Metabolic Panel
Specimen: Serum; Blood

Result	Value	Ref Range
Sodium,S	130 (L)	136 - 145 mmol/L
Potassium	3.4 (L)	3.5 - 5.1 mmol/L
Chloride	86 (L)	98 - 107 mmol/L
Co2	28	22 - 29 mmol/L
Glucose	205 (H)	70 - 99 mg/dL
BUN	10	6 - 20 mg/dL
CREATININE,S	0.78	0.5 - 0.9 mg/dL
PROTEIN,TOTAL	7.2	6.4 - 8.3 g/dL
ALBUMIN,S	2.5 (L)	3.5 - 5.2 g/dL
CALCIUM,TOTAL	9.1	8.6 - 10.0 mg/dL
BILIRUBIN, TOTAL	2.2 (H)	0.0 - 1.2 mg/dL
ALKALINE PHOS	189 (H)	35 - 104 IU/L
AST (SGOT)	36 (H)	0 - 32 IU/L
ALT (SGPT)	46 (H)	0 - 33 IU/L
GLOBULIN	4.7 (H)	2.4 - 4.0 g/dL
ANION GAP	19	12 - 20
GFR Non-Afric Amer	>90	>59 ml/min/1.73 m2
GFR AFRICAN AMER	>90	>59 ml/min/1.73 m2

264. At 0554 hrs, Skyla receives a CT scan abdomen / pelvis with IV contrast.

- WSa 347

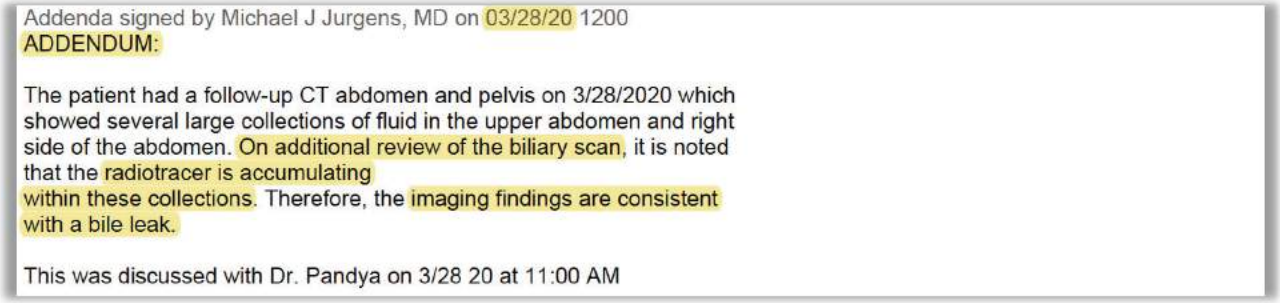


ABDOMEN: There is a large amount of fluid around the liver and also extending in the left upper quadrant. Some of the fluid is loculated in the gallbladder fossa measuring 6.4 x 4.1 cm. A rim-enhancing collection is also present along the inferior margin of the liver the right lower quadrant measuring 10.0 x 5 3 cm. Loculated fluid along the left hepatic lobe in the left upper quadrant measures 4.8 x 2.0 cm. Multilocular biloma is suspected.

Surgical clips are present from prior cholecystectomy. Biliary injury is suspected with resultant multilocular biloma. Spleen, pancreas, adrenals, and kidneys are unremarkable. There is mild small bowel dilatation with wall thickening but no discrete transition point. There are mildly thickened loops of large and small bowel.

265. At 1100 hrs, review of the HIDA scan from March 24, 2020 shows that the imaging findings are consistent with a bile leak. The March 24, 2020 HIDA scan report is addended.

- WSa 306



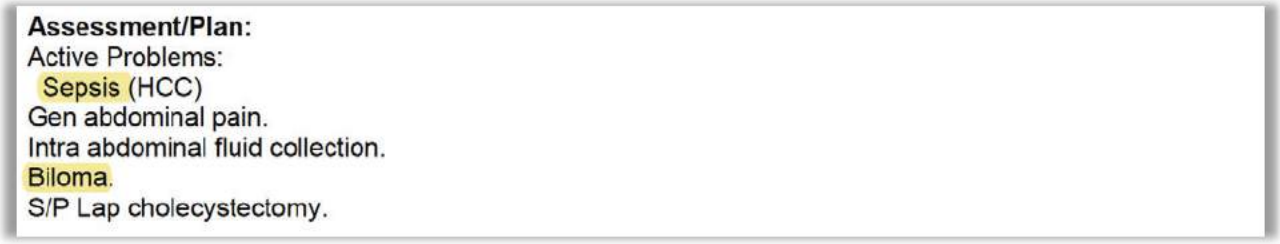
Addenda signed by Michael J Jurgens, MD on 03/28/20 1200
ADDENDUM:

The patient had a follow-up CT abdomen and pelvis on 3/28/2020 which showed several large collections of fluid in the upper abdomen and right side of the abdomen. On additional review of the biliary scan, it is noted that the radiotracer is accumulating within these collections. Therefore, the imaging findings are consistent with a bile leak.

This was discussed with Dr. Pandya on 3/28 20 at 11:00 AM

266. Skyla is diagnosed with sepsis and biloma.

- WSa 332



Assessment/Plan:
Active Problems:
Sepsis (HCC)
Gen abdominal pain.
Intra abdominal fluid collection.
Biloma.
S/P Lap cholecystectomy.

267. The sepsis is secondary to the biloma.

- WSa 414

Hospital Course: Sepsis Post op from intraabdominal abscess - POA, resolved. bile leak, drain placed by IR, continue abx , follow micro data

268. Skyla will be transferred to Wellstar Kennestone for IR drain.

- WSa 333

Progress Notes by Ganesh P Pandya, MD at 3/28/2020 11:33 AM

Author: Ganesh P Pandya, MD | Service: General Surgery | Author Type: Physician
Filed: 3/28/2020 11:47 AM | Date of Service: 3/28/2020 11:33 AM | Status: Signed
Editor: Ganesh P Pandya, MD (Physician)

Pt is septic and on Iv antibiotics,and on NS,bolus 500 cc/hr and O2 2lit /NC.
Pt has biloma and will have IR drain today at Kennestone.
Radiologist called me with old HIDA ,which was reported negative ,after reviewed with current CT abd ,there is Bile leak and Radiologist will put the addendum.

Electronically signed by Ganesh P Pandya, MD at 3/28/2020 11:47 AM

269. On 3/28/2020 at 1239 hrs, Skyla is discharged from Douglas Hospital for transfer to Kennestone Hospital.

Transfer to Wellstar Kennestone

270. On 3/28/2020 at 1317 hrs, Skyla arrives at Wellstar Kennestone Hospital by ambulance from Wellstar Douglas Hospital.

- WSa 410

Admission Information

Arrival Date/Time:		Admit Date/Time:	03/28/2020 1317	IP Adm. Date/Time:	03/28/2020 1317
Admission Type:	Urgent	Point of Origin:	Outside Hospital	Admit Category:	
Means of Arrival:	Ambulance	Primary Service:	Internal Medicine	Secondary Service:	N/A
Transfer Source:	Douglas General Hos	Service Area:	WS SERVICE AREA	Unit:	Wellstar Kennestone Hospital (KH B6W CARDIAC TELE)
Admit Provider:	Zhaneta Dzmitryieva, MD	Attending Provider:	Zhaneta Dzmitryieva, MD	Referring Provider:	Ganesh P Pandya, MD

271. The hospitalist plans for drainage of fluid collection with interventional radiology. Skyla receives ciprofloxacin, vancomycin, and flagyl to treat the sepsis, as well as IV fluids.

- WSa 422

Intraabdominal fluid collection - suspected bile leak
Sepsis/Leukocytosis/tachycardia
Chronic cholecystitis (s/p lap chole 3/19)
- appreciate IR consult - plan for drainage today
- continue on cipro and vancomycin and add flagyl, IVF and follow CBC and CMP

GI Consult

272. At 1422 hrs, Aasim Sheikh, MD, of gastroenterology evaluates Skyla.

- WSa 423

273. Dr. Sheikh plans for an MRCP with EOVIST after Skyla's bile is drained.

- WSa 429-430

Plan:

- Drainage of intra abdominal fluid collection in IR today. If bile is drained, will obtain MRCP with Eovist.
- Continue Vanc and Cipro.
- Monitor LFTs.

GI ATTENDING ADDENDUM

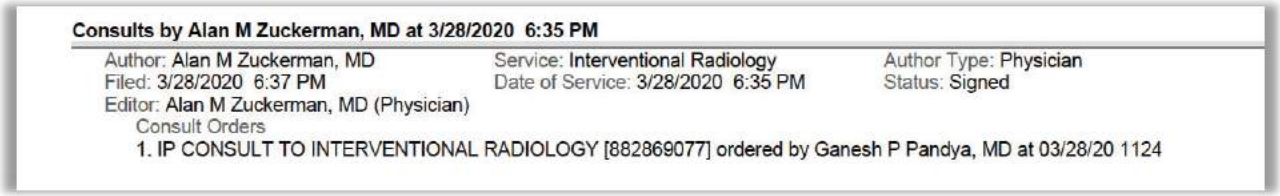
I have personally seen and examined the patient. I developed the assessment and plan as stated above in the Advanced Practice Provider's note.
Patient with development of collection 5-6 days post op. Had continued pain after lap chole but HIDA performed 2 days later as outpatient was negative for leak. Pain kept on getting worse, prompting coming back to hospital and CY with large collection in GB fossa. Will get it drained today by IR. If bilious fluid, then wil allow her to settle down a bit as she is in severe pain and on exam has exquisite epigastric and RUQ tenderness. May then get MRI with EOVIST to look for bile leak. Will follwo

274. The MRI with EOVIST does not occur.

IR Drainage of Biloma

275. At 1835 hrs, Alan M. Zuckerman, MD, performs a CT guided drainage of the biloma. An 8 French drain is placed in the right lower quadrant.

- WSa 434



Consults by Alan M Zuckerman, MD at 3/28/2020 6:35 PM

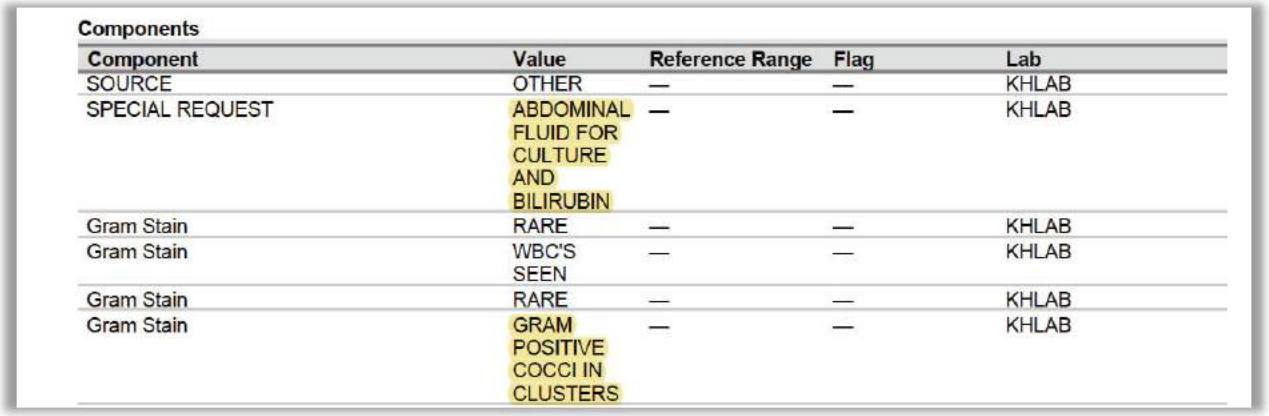
Author: Alan M Zuckerman, MD | Service: Interventional Radiology | Author Type: Physician
Filed: 3/28/2020 6:37 PM | Date of Service: 3/28/2020 6:35 PM | Status: Signed
Editor: Alan M Zuckerman, MD (Physician)

Consult Orders

1. IP CONSULT TO INTERVENTIONAL RADIOLOGY [882869077] ordered by Ganesh P Pandya, MD at 03/28/20 1124

276. A sample of the fluid is sent for examination. The examination reveals gram positive cocci bacteria in clusters.

- WSa 531



Components

Component	Value	Reference Range	Flag	Lab
SOURCE	OTHER	—	—	KHLAB
SPECIAL REQUEST	ABDOMINAL FLUID FOR CULTURE AND BILIRUBIN	—	—	KHLAB
Gram Stain	RARE	—	—	KHLAB
Gram Stain	WBC'S SEEN	—	—	KHLAB
Gram Stain	RARE	—	—	KHLAB
Gram Stain	GRAM POSITIVE COCCI IN CLUSTERS	—	—	KHLAB

Electrocardiogram

277. At 2237 hrs, Skyla has an electrocardiogram. It is abnormal. The results reveal sinus tachycardia, and anterior infarction cannot be ruled out.

- WSa 496

Electrocardiogram,12 Lead [882869112] Resulted: 03/29/20 0847, Result status: Final result

Ordering provider: Salome W Munyori, NP 03/28/20 2145
Resulted by: Michael J Riley, MD
Collected by: 03/28/20 2237
Lab Technician: 105137
Order status: Completed
Filed by: Interface, Muse 03/29/20 0848
Resulting lab: MUSE

Impression:
SINUS TACHYCARDIA
CANNOT RULE OUT ANTERIOR INFARCT , AGE UNDETERMINED
ABNORMAL ECG
NO PREVIOUS ECGS AVAILABLE
CONFIRMED BY RILEY, MICHAEL (5022) ON 3/29/2020 8:47:55 AM

Daily Drain Output Values

278. As measured on 3/28/2020, Skyla's abdominal drain output for the day is 460 mL, not including the 300 mL manually aspirated during the CT-guided drainage (WSa 434).

- WSa 623

[REMOVED] Closed/Suction Drain 03/28/20 Right Abdomen

Closed Drain Properties	Placement Date: 03/28/20 Placement Time: 1820 Inserted by: Dr.Zuckerman Tube Number: 1 Orientation: Right Location: Abdomen Size: 8 Fr. , total abscession, lot: 5546974, Exp: 11/30/2022 Fr / mm / Inch: Fr Removal Date: 04/14/20				
Site Description	—	—	—	—	Unable to view UTA
Dressing Assesment	Clean;Dry;Intact	—	—	—	Clean;Dry;Intact
Drainage Appearance	—	—	—	—	Green
Status	—	—	—	—	Intact;Patent;Suction-low intermittent
Output (mL)	—	—	—	—	460 mL Total 460 - emptied

March 29, 2020

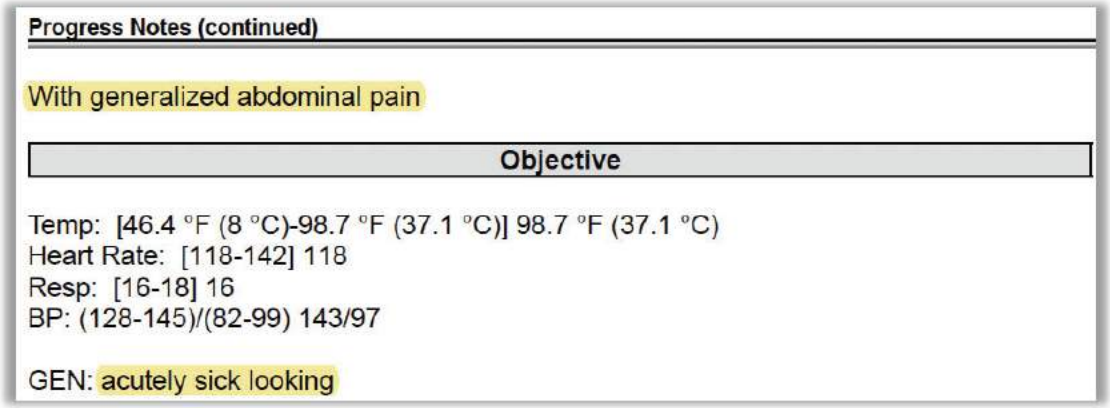
Hospitalist Evaluation

279. On 3/29/2020 at 0839 hrs, Etalemahu Dinku, MD, of hospitalist medicine, examines Skyla.

- WSa 442

280. Dr. Dinku notes that Skyla has generalized abdominal pain. Skyla is acutely sick looking.

- WSa 443



Progress Notes (continued)

With generalized abdominal pain

Objective

Temp: [46.4 °F (8 °C)-98.7 °F (37.1 °C)] 98.7 °F (37.1 °C)
Heart Rate: [118-142] 118
Resp: [16-18] 16
BP: (128-145)/(82-99) 143/97

GEN: acutely sick looking

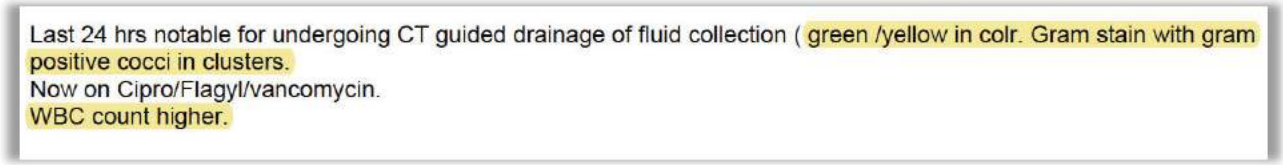
GI Consult

281. At 0856 hrs, Skyla has a consult with Dr. Sheikh.

- WSa 445

282. Dr. Sheikh notes that Skyla has had the CT guided drainage. The sample taken from the procedure is green and yellow in color and contains gram-positive cocci in clusters. Skyla's white blood cell count is higher.

- WSa 446



Last 24 hrs notable for undergoing CT guided drainage of fluid collection (green /yellow in colr. Gram stain with gram positive cocci in clusters.
Now on Cipro/Flagyl/vancomycin.
WBC count higher.

283. Dr. Sheikh notes that Skyla had a regular breakfast that morning. She continues to experience pain. The output of her drain has been 1285 cc.

- WSa 449

She continues to report RUQ/RLQ abdominal pain radiating to her right lower back and right shoulder. Her RLQ drain has drained 1285 cc of bilious fluid since it was placed yesterday. She ate a regular diet for breakfast.

284. Dr. Sheikh notes that Skyla is unable to have the ERCP because she ate pancakes that morning. She will have the ERCP later in the day or the following day.

- WSa 451

1) ERCP today or tomorrow depending on anesthesia availability this afternoon. She is unable to have the ERCP this morning since she ate pancakes for breakfast.
2) Consult general surgery for additional loculated fluid collections in abdomen.

285. At 1527 hrs, Dr. Sheikh notes that anesthesiology is not available that day, so the ERCP will occur on the following day.

- WSa 452

Care Coordination by Aasim M Sheikh, MD at 3/29/2020 3:27 PM

Author: Aasim M Sheikh, MD
Filed: 3/29/2020 3:38 PM
Editor: Aasim M Sheikh, MD (Physician)
Service: Gastroenterology
Date of Service: 3/29/2020 3:27 PM
Author Type: Physician
Status: Signed

Anesthesia support not available and no indication when and if. Case postponed until morning. Patient clinically stable.

Daily Drain Output Values

286. As measured on 3/29, Skyla's abdominal drain releases 825 mL of bile.

- WSa 624

[REMOVED] Closed/Suction Drain 03/28/20 Right Abdomen

Closed Drain Properties	Placement Date: 03/28/20 Placement Time: 1820 Inserted by: Dr.Zuckerman Tube Number: 1 Orientation: Right Location: Abdomen Size: 8 Fr. , total abscession, lot: 5546974, Exp: 11/30/2022 Fr / mm / Inch: Fr Removal Date: 04/14/20					
Output (mL)	—	—	375 mL Total 375	—	—	

[REMOVED] Closed/Suction Drain 03/28/20 Right Abdomen

Closed Drain Properties	Placement Date: 03/28/20 Placement Time: 1820 Inserted by: Dr.Zuckerman Tube Number: 1 Orientation: Right Location: Abdomen Size: 8 Fr. , total abscession, lot: 5546974, Exp: 11/30/2022 Fr / mm / Inch: Fr Removal Date: 04/14/20				
Output (mL)	—	450 mL emptied	—	—	—

March 30, 2020

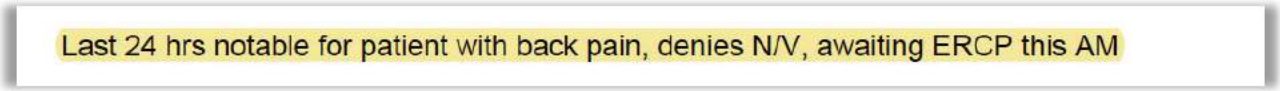
General Surgery Evaluation

287. On 3/30 at 0606 hrs, Akil J. Gordon, MD, of general surgery, examines Skyla.

- WSa 452

288. Dr. Gordon notes that Skyla is experiencing back pain.

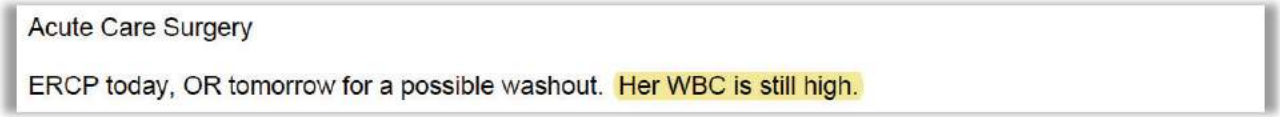
- WSa 452



Last 24 hrs notable for patient with back pain, denies N/V, awaiting ERCP this AM

289. Dr. Gordon notes that Skyla's white blood cell count is still high.

- WSa 455



Acute Care Surgery

ERCP today, OR tomorrow for a possible washout. Her WBC is still high.

ERCP with Sphincterotomy and Stent Placement

290. At 1550 hrs, Dr. Raja Shekhar R. Sappati-Biyyani performs an ERCP with sphincterotomy and stent placement. Dr. Sappati-Biyyani sees no evidence of a biliary leak during the procedure.

- WSa 526-527

Procedures by Raja Shekhar R Sappati Biyyani, MD at 3/30/2020 3:50 PM

3. Bile duct appeared to be about 8 mm in size. No filling defects noted. No definitive cystic duct stump leak noted despite occlusion cholangiogram.
4. Sphincterotomy performed using ERBE and cutting current.

291. A 10 French by 7 centimeters biliary stent is implanted.

- WSa 525

Findings: Normal appearing ampulla. CBD cannulated selectively with ease using a 0.025" soft tip Jagwire. Contrast injected after bile aspiration. Initial filling defect likely an air bubble. No evidence of clear cut bile leak. Sphincterotomy performed using ERBE cutting current. CBD dredged multiple times using a 9-12 mm biliary balloon at 12 mm size. No evidence of sludge or stones noted. A 10 Fr X 7 cm biliary temporary stent placed successfully. 100 mg rectal indomethacin suppositories given post procedure.

Implant(s): @ORIMPLANT@

Daily Drain Output Values

292. As measured on 3/30/2020, Skyla's drain output for the day is 800 mL.

- WSa 624-625

[REMOVED] Closed/Suction Drain 03/28/20 Right Abdomen

Closed Drain Properties	Placement Date: 03/28/20 Placement Time: 1820 Inserted by: Dr.Zuckerman Tube Number: 1 Orientation: Right Location: Abdomen Size: 8 Fr. , total abscession, lot: 5546974, Exp: 11/30/2022 Fr / mm / Inch: Fr Removal Date: 04/14/20				
Site Description	—	—	Other (Comment) UTA	—	—
Dressing Assesment	—	—	Clean;Dry;Intact	—	—
Drainage Appearance	—	—	Green	—	—
Status	—	—	Intact:Patent	—	—
Output (mL)	—	—	—	—	400 mL

[REMOVED] Closed/Suction Drain 03/28/20 Right Abdomen

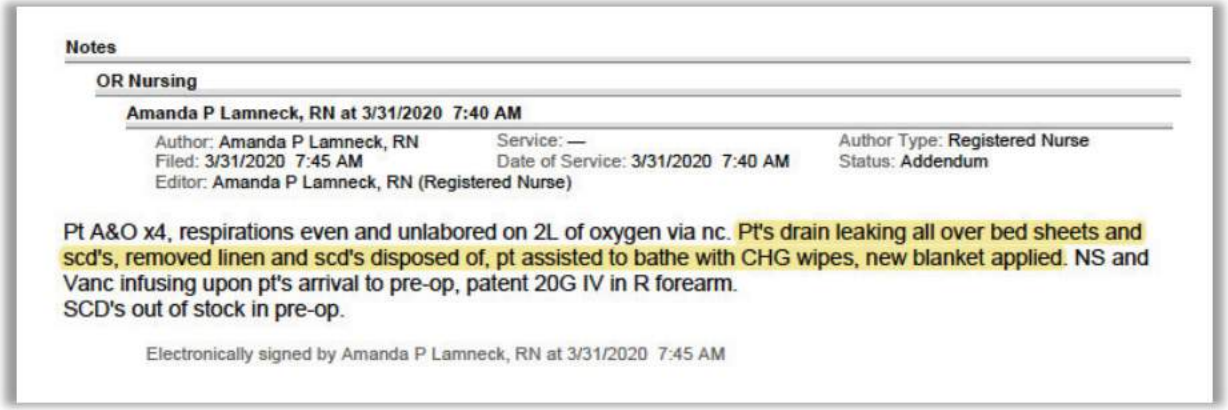
Closed Drain Properties	Placement Date: 03/28/20 Placement Time: 1820 Inserted by: Dr.Zuckerman Tube Number: 1 Orientation: Right Location: Abdomen Size: 8 Fr. , total abscession, lot: 5546974, Exp: 11/30/2022 Fr / mm / Inch: Fr Removal Date: 04/14/20				
Drainage Appearance	—	Brown;Green	—	—	—
Status	—	Intact:Patent	—	—	—
Output (mL)	—	400 mL	—	—	—

March 31, 2020

Laparoscopic Exploration and Washout

293. On 3/31/2020 at 0740 hrs, RN Amanda Lamneck notes that while Skyla is awaiting her procedure, her drain has leaked all over her bed sheets at SCDs. The linen is changed, the SCDs are disposed of, and Skyla is assisted to bathe with CHG wipes.

- WSa 523



Notes

OR Nursing

Amanda P Lamneck, RN at 3/31/2020 7:40 AM

Author: Amanda P Lamneck, RN | Service: — | Author Type: Registered Nurse
Filed: 3/31/2020 7:45 AM | Date of Service: 3/31/2020 7:40 AM | Status: Addendum
Editor: Amanda P Lamneck, RN (Registered Nurse)

Pt A&O x4, respirations even and unlabored on 2L of oxygen via nc. Pt's drain leaking all over bed sheets and scd's, removed linen and scd's disposed of, pt assisted to bathe with CHG wipes, new blanket applied. NS and Vanc infusing upon pt's arrival to pre-op, patent 20G IV in R forearm.
SCD's out of stock in pre-op.

Electronically signed by Amanda P Lamneck, RN at 3/31/2020 7:45 AM

294. On 3/31/2020 at 0908 hrs, Jose Andujar, MD, performs a diagnostic laparoscopy, laparoscopic lysis of adhesions, laparoscopic washout, and placement of drains. A #15 JP drain is placed exiting through the right lower quadrant.

- WSa 529-530

PROCEDURES PERFORMED:
1. Diagnostic laparoscopy.
2. Laparoscopic lysis of adhesions.
3. Laparoscopic washout.
4. Placement of drains.

irrigated 2 liters of warm saline into the abdomen suctioning the fluid out. Finally, I placed a #15 JP drain, which was brought out through the right lower quadrant incision and secured in place using 3-0 nylon sutures. This was directed towards the
pelvis for extra drainage. At this moment, the procedure was completed. All

GI Evaluation

295. At 1136 hrs, Skyla is seen by Dr. Sappati-Biyyani.

- WSa 465

296. Dr. Sappati-Biyyani notes that Skyla's abdominal pain is improving. She does not have nausea or vomiting. She is tolerating clear liquids by mouth.

- WSa 465

Subjective / Interval History

Last 24 hrs notable for improving abdominal pain. No nausea or vomiting. Tolerating clears. WBC 31.89, Hgb 10.3, Plt 652, no LFTs checked today.

Underwent Diagnostic laparoscopy with lysis of adhesions, washout and replacement of drains this am 3/31/2020.

Had ERCP with sphincterotomy and stent placement 3/30/2020.

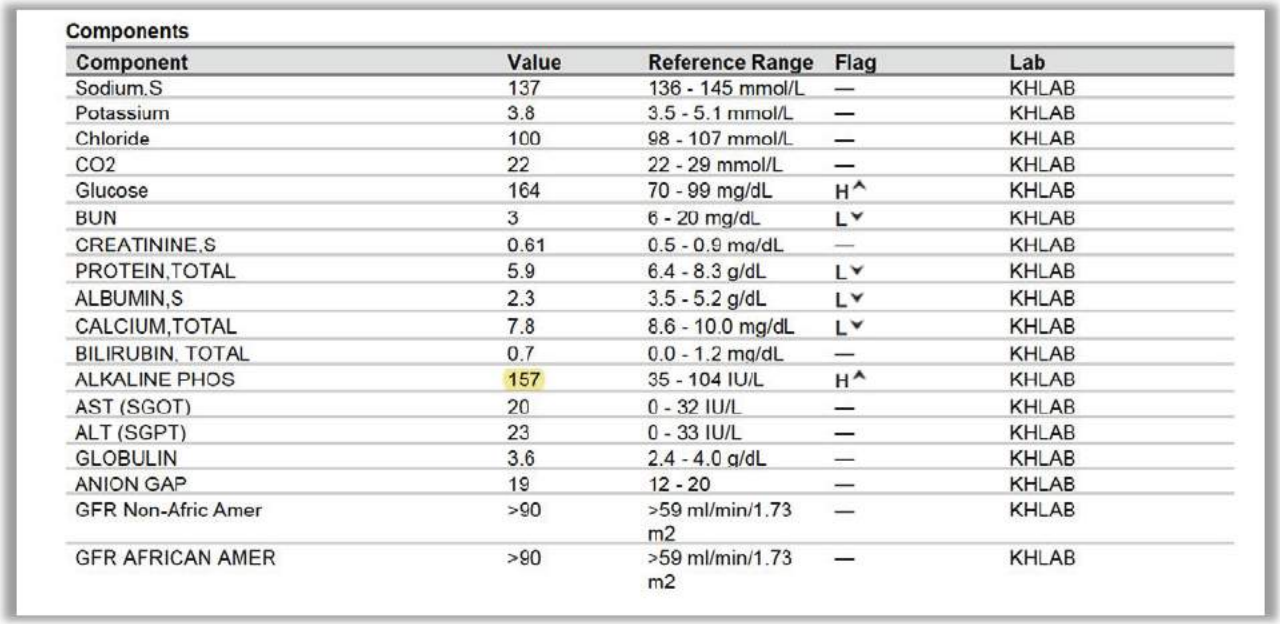
297. Dr. Sappati-Biyyani notes that Skyla's elevated liver functions tests are improving. Her leukocytosis is worsening, likely due to the fluid collections of the bile leak.

- WSa 468

2) Elevated LFTs, improving
3) Leukocytosis, worsening, likely 2/2 loculated fluid collections in abdomen due to bile leak. Gram stain of RLQ fluid collection on 3/28/20 revealed gram positive cocci in clusters. Afebrile.
4) Chronic cholecystitis, s/p lap chole by Dr. Taylor on 3/19/20.
5) PMH: HSV 2, menorrhagia, and obesity.

298. Skyla's alkaline phosphatase is elevated with a value of 157.

- WSa 540

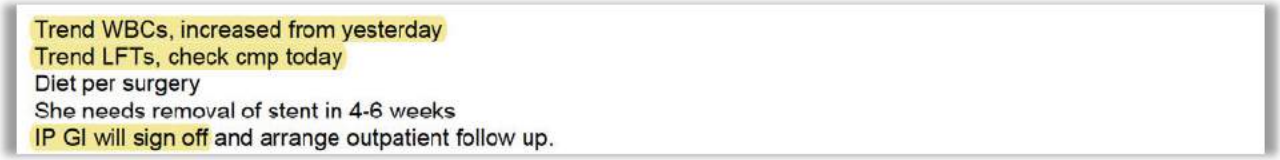


Components

Component	Value	Reference Range	Flag	Lab
Sodium,S	137	136 - 145 mmol/L	—	KHLAB
Potassium	3.8	3.5 - 5.1 mmol/L	—	KHLAB
Chloride	100	98 - 107 mmol/L	—	KHLAB
CO2	22	22 - 29 mmol/L	—	KHLAB
Glucose	164	70 - 99 mg/dL	H^	KHLAB
BUN	3	6 - 20 mg/dL	L˅	KHLAB
CREATININE,S	0.61	0.5 - 0.9 mg/dL	—	KHLAB
PROTEIN,TOTAL	5.9	6.4 - 8.3 g/dL	L˅	KHLAB
ALBUMIN,S	2.3	3.5 - 5.2 g/dL	L˅	KHLAB
CALCIUM,TOTAL	7.8	8.6 - 10.0 mg/dL	L˅	KHLAB
BILIRUBIN, TOTAL	0.7	0.0 - 1.2 mg/dL	—	KHLAB
ALKALINE PHOS	157	35 - 104 IU/L	H^	KHLAB
AST (SGOT)	20	0 - 32 IU/L	—	KHLAB
ALT (SGPT)	23	0 - 33 IU/L	—	KHLAB
GLOBULIN	3.6	2.4 - 4.0 g/dL	—	KHLAB
ANION GAP	19	12 - 20	—	KHLAB
GFR Non-Afric Amer	>90	>59 ml/min/1.73 m2	—	KHLAB
GFR AFRICAN AMER	>90	>59 ml/min/1.73 m2	—	KHLAB

299. Dr. Sappati-Biyyani plans for Skyla's white blood cell count will be watched, since it has increased. Her liver function tests will also be watched. Dr. Sappati-Biyyani notes that the gastroenterology department will sign off.

- WSa 468



Trend WBCs, increased from yesterday
Trend LFTs, check cmp today
Diet per surgery
She needs removal of stent in 4-6 weeks
IP GI will sign off and arrange outpatient follow up.

Daily Drain Output Values

300. As measured on 3/31/2020, Skyla's drain output is 1285 mL, not including the amount that leaked all over Skyla's bed. The recorded daily drain output is increased after the 3/30 biliary stent placement.

- WSa 626-627

[REMOVED] Closed/Suction Drain 03/28/20 Right Abdomen					
Closed Drain Properties	Placement Date: 03/28/20 Placement Time: 1820 Inserted by: Dr.Zuckerman Tube Number: 1 Orientation: Right Location: Abdomen Size: 8 Fr. , total abscession, lot: 5546974, Exp: 11/30/2022 Fr / mm / Inch: Fr Removal Date: 04/14/20				
Site Description	—	— dsg intact	—	—	—
Dressing Assesment	—	Clean;Dry;Intact	—	—	—
Drainage Appearance	—	Brown;Green	—	—	—
Status	—	Intact;Patent	—	—	—
Output (mL)	—	300 mL	—	—	—

[REMOVED] Closed/Suction Drain 03/31/20 Right Abdomen					
Closed Drain Properties	Placement Date: 03/31/20 Placement Time: 0832 Inserted by: Dr. Andujar Tube Number: 1 Orientation: Right Location: Abdomen Drain Tube Type: Bulb Size: 15 Fr. Fr / mm / Inch: Fr Drain Reservoir Size (mL): 100 mL Removal Date: 04/14/20				
Output (mL)	—	450 mL	60 mL	—	—

Site Description	—	Unable to view	—	—	—
Dressing Assesment	—	Clean;Dry;Intact	—	—	—
Drainage Appearance	—	Bile	—	—	—
Status	—	Intact;Bulb suction;Patent	—	—	—
Output (mL)	—	150 mL	—	—	—

[REMOVED] Closed/Suction Drain 03/31/20 Right Abdomen					
Closed Drain Properties	Placement Date: 03/31/20 Placement Time: 0832 Inserted by: Dr. Andujar Tube Number: 1 Orientation: Right Location: Abdomen Drain Tube Type: Bulb Size: 15 Fr. Fr / mm / Inch: Fr Drain Reservoir Size (mL): 100 mL Removal Date: 04/14/20				
Site Description	—	Leaking at site;Healing	—	—	—
Dressing Assesment	—	Clean;Intact;Dry	—	—	—
Drainage Appearance	—	Pink tinged;Bloody	—	—	—
Status	—	Intact;Patent;Bulb suction;Stripped;Emptied	—	—	—
Output (mL)	—	50 mL	—	—	—

[REMOVED] Closed/Suction Drain 03/28/20 Right Abdomen					
Closed Drain Properties	Placement Date: 03/28/20 Placement Time: 1820 Inserted by: Dr.Zuckerman Tube Number: 1 Orientation: Right Location: Abdomen Size: 8 Fr. , total abscession, lot: 5546974, Exp: 11/30/2022 Fr / mm / Inch: Fr Removal Date: 04/14/20				
Output (mL)	—	—	—	175 mL	—

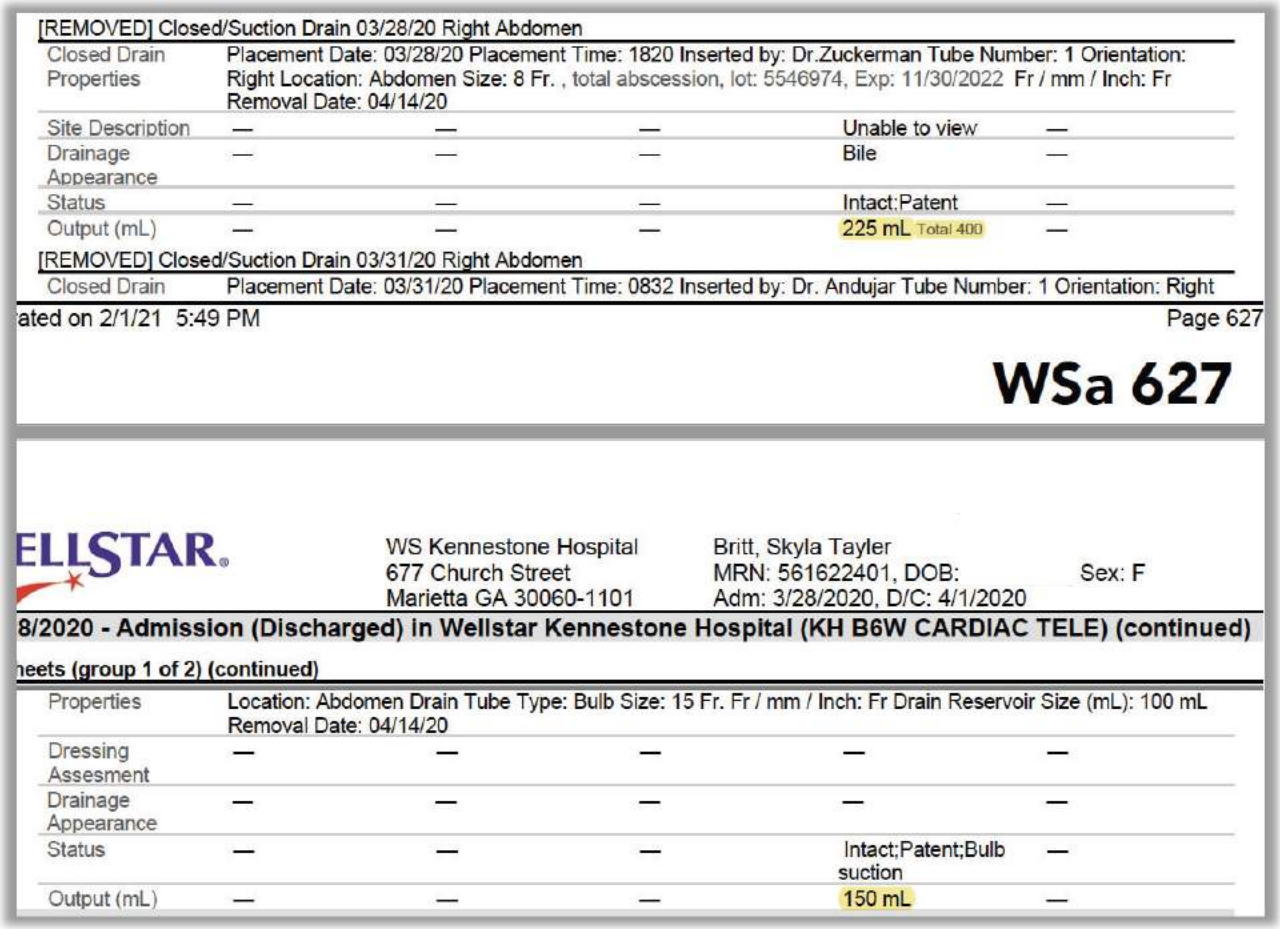
[REMOVED] Closed/Suction Drain 03/31/20 Right Abdomen					
Closed Drain Properties	Placement Date: 03/31/20 Placement Time: 0832 Inserted by: Dr. Andujar Tube Number: 1 Orientation: Right Location: Abdomen Drain Tube Type: Bulb Size: 15 Fr. Fr / mm / Inch: Fr Drain Reservoir Size (mL): 100 mL Removal Date: 04/14/20				
Output (mL)	—	—	100 mL	—	—

April 1, 2020

Daily Drain Output Values

301. On 4/1/2020, Skyla's recorded drain output is either 375 or 550 mL, among two measurements. The two measurements are both recorded at 0615 hrs.

- WSa 627-628



[REMOVED] Closed/Suction Drain 03/28/20 Right Abdomen

Closed Drain Properties	Placement Date: 03/28/20 Placement Time: 1820 Inserted by: Dr.Zuckerman Tube Number: 1 Orientation: Right Location: Abdomen Size: 8 Fr. , total abscession, lot: 5546974, Exp: 11/30/2022 Fr / mm / Inch: Fr Removal Date: 04/14/20				
Site Description	—	—	—	Unable to view	—
Drainage Appearance	—	—	—	Bile	—
Status	—	—	—	Intact;Patent	—
Output (mL)	—	—	—	225 mL Total 400	—

[REMOVED] Closed/Suction Drain 03/31/20 Right Abdomen

Closed Drain	Placement Date: 03/31/20 Placement Time: 0832 Inserted by: Dr. Andujar Tube Number: 1 Orientation: Right

ated on 2/1/21 5:49 PM Page 627

WSa 627

ELLSTAR.

WS Kennestone Hospital
677 Church Street
Marietta GA 30060-1101

Britt, Skyla Tayler
MRN: 561622401, DOB: Sex: F
Adm: 3/28/2020, D/C: 4/1/2020

8/2020 - Admission (Discharged) in Wellstar Kennestone Hospital (KH B6W CARDIAC TELE) (continued)

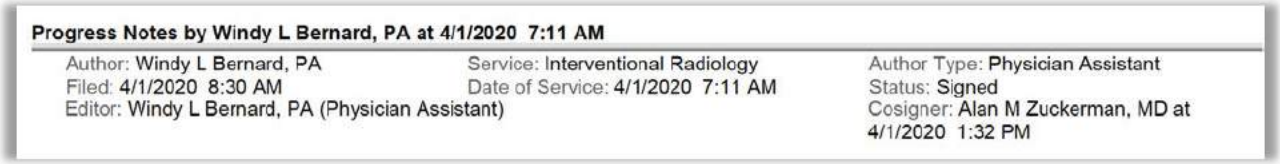
neets (group 1 of 2) (continued)

Properties	Location: Abdomen Drain Tube Type: Bulb Size: 15 Fr. Fr / mm / Inch: Fr Drain Reservoir Size (mL): 100 mL Removal Date: 04/14/20				
Dressing Assesment	—	—	—	—	—
Drainage Appearance	—	—	—	—	—
Status	—	—	—	Intact;Patent;Bulb suction	—
Output (mL)	—	—	—	150 mL	—

Discharge from Wellstar Kennestone

302. On 4/1/2020 at 0711 hrs, Windy Bernard, PA, of interventional radiology, evaluates Skyla.

- WSa 471

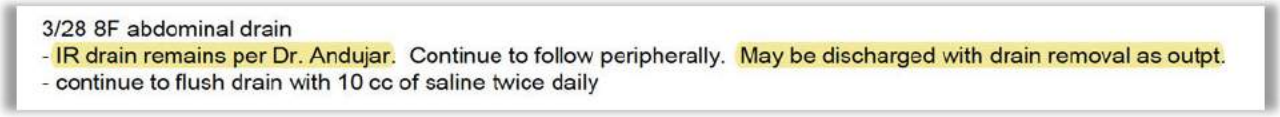


Progress Notes by Windy L Bernard, PA at 4/1/2020 7:11 AM

Author: Windy L Bernard, PA | Service: Interventional Radiology | Author Type: Physician Assistant
Filed: 4/1/2020 8:30 AM | Date of Service: 4/1/2020 7:11 AM | Status: Signed
Editor: Windy L Bernard, PA (Physician Assistant) | Cosigner: Alan M Zuckerman, MD at 4/1/2020 1:32 PM

303. PA Bernard notes that Skyla's IR drain will remain in place per Dr. Andujar of general surgery. PA Bernard notes that Skyla may be discharged. The note is co-signed by Dr. Zuckerman.

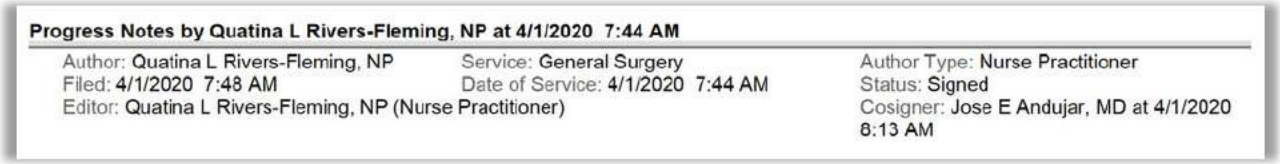
- WSa 473



3/28 8F abdominal drain
- IR drain remains per Dr. Andujar. Continue to follow peripherally. May be discharged with drain removal as outpt.
- continue to flush drain with 10 cc of saline twice daily

304. At 0744 hrs, Quatina L. Rivers-Fleming, NP, of general surgery, evaluates Skyla.

- WSa 473

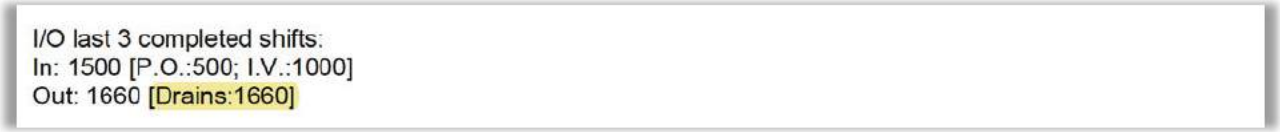


Progress Notes by Quatina L Rivers-Fleming, NP at 4/1/2020 7:44 AM

Author: Quatina L Rivers-Fleming, NP | Service: General Surgery | Author Type: Nurse Practitioner
Filed: 4/1/2020 7:48 AM | Date of Service: 4/1/2020 7:44 AM | Status: Signed
Editor: Quatina L Rivers-Fleming, NP (Nurse Practitioner) | Cosigner: Jose E Andujar, MD at 4/1/2020 8:13 AM

305. NP Rivers-Fleming notes that Skyla's drains have had an output of 1660 cc over the past three shifts.

- 474



I/O last 3 completed shifts:
In: 1500 [P.O.:500; I.V.:1000]
Out: 1660 [Drains:1660]

306. NP Rivers-Fleming plans for the JP drain placed by general surgery to be removed. The IR drain will remain in place. NP Rivers-Fleming notes that from a surgical standpoint, it is okay to discharge Skyla. Dr. Andujar co-signs the note.

- WSa 477

Ok to advance diet
JP can be removed prior to DC
Keep IR drain in place. Would obtain CT in one week to reassess drain status
Will then need to follow up in our office
Ok to DC from surgical standpoint
GS will sign off. Call with questions

307. Skyla's white blood cell count elevated with a value of 26.59. Skyla's platelet count is elevated with a value of 695.

- WSa 541

Components

Component	Value	Reference Range	Flag	Lab
WBC COUNT	26.59	3.50 - 10.50 10E9/L	H	KHLAB
RBC Count	3.74	3.90 - 5.03 10E12/L	L	KHLAB
HGB	10.1	12.0 - 15.5 g/dL	L	KHLAB
Hematocrit	33.2	35.0 - 45.0 %	L	KHLAB
MCV	88.8	82.0 - 98.0 fL	—	KHLAB
MCH	27.0	26.0 - 34.0 pg	—	KHLAB
MCHC	30.4	32.0 - 36.0 g/dL	L	KHLAB
RDW	15.1	11.9 - 15.5 %	—	KHLAB
PLATELET	695	150 - 450 10E9/L	H	KHLAB
MPV	9.0	9.4 - 12.3 fL	L	KHLAB

308. At 1502 hrs, the JP drain is removed.

- WSa 477

Progress Notes by Sheila O Anyaoha, NP at 4/1/2020 3:02 PM

Author: Sheila O Anyaoha, NP | Service: General Surgery | Author Type: Nurse Practitioner
Filed: 4/1/2020 3:03 PM | Date of Service: 4/1/2020 3:02 PM | Status: Signed
Editor: Sheila O Anyaoha, NP (Nurse Practitioner)

JP drain removed, pt tolerated well.

309. On 4/1/2020 at 1531 hrs, Skyla is discharged from Kennestone Hospital.

- WSa 414

Discharge date and time: 4/1/2020 3:31 PM

Admitting Physician: Zhaneta Dzmitryieva, MD

Discharge Physician: Hussein Ahmed-Abdu, MD

Post-Op ED Visit #2 — April 6, 2020

April 6, 2020

Wellstar Kennestone ED

310. On 4/6/2020 at 1346 hrs, Skyla returns to Wellstar Kennestone Hospital.

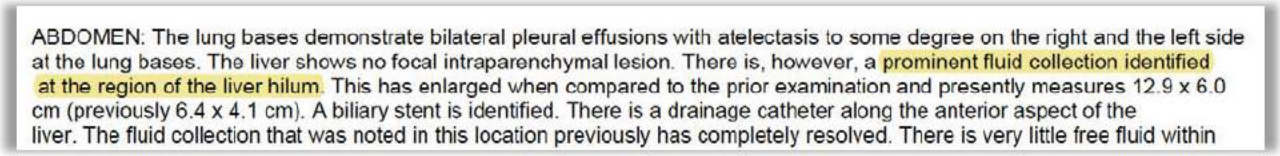
- WSa 713

311. At 1645 hrs, Nicholas A. Irwin, MD, of emergency medicine, evaluates Skyla. Dr. Irwin notes that Skyla presents with a complaint of worsening pain.

- WSa 716

312. At 1720 hrs, Skyla has a CT scan abdomen / pelvis with IV contrast. The results describe a prominent fluid collection at the level of the liver hilum.

- WSa 793



ABDOMEN: The lung bases demonstrate bilateral pleural effusions with atelectasis to some degree on the right and the left side at the lung bases. The liver shows no focal intraparenchymal lesion. There is, however, a prominent fluid collection identified at the region of the liver hilum. This has enlarged when compared to the prior examination and presently measures 12.9 x 6.0 cm (previously 6.4 x 4.1 cm). A biliary stent is identified. There is a drainage catheter along the anterior aspect of the liver. The fluid collection that was noted in this location previously has completely resolved. There is very little free fluid within

313. Skyla's bloodwork returns elevated liver function values.

- WSa 728

BILIRUBIN, TOTAL	0.7	0.0 - 1.2 mg/dL
ALKALINE PHOS	241 (H)	35 - 104 IU/L
AST (SGOT)	45 (H)	0 - 32 IU/L
ALT (SGPT)	43 (H)	0 - 33 IU/L
GLOBULIN	5.0 (H)	2.4 - 4.0 g/dL
ANION GAP	17	12 - 20
GFR Non-Afric Amer	>90	>59 ml/min/1.73 m2
GFR AFRICAN AMER	>90	>59 ml/min/1.73 m2

314. Skyla's bloodwork returns elevated values of white blood cells, platelets, absolute neutrophils, monocytes, and others.

- WSa 728

CBC and differential
Specimen: Blood

Result	Value	Ref Range
WBC COUNT	22.90 (H)	3.50 - 10.50 10E9/L
RBC Count	3.56 (L)	3.90 - 5.03 10E12/L
HGB	9.6 (L)	12.0 - 15.5 g/dL
Hematocrit	30.6 (L)	35.0 - 45.0 %
MCV	86.0	82.0 - 98.0 fL
MCH	27.0	26.0 - 34.0 pg
MCHC	31.4 (L)	32.0 - 36.0 g/dL
RDW	15.0	11.9 - 15.5 %
PLATELET	1,087 (HH)	150 - 450 10E9/L
MPV	8.5 (L)	9.4 - 12.3 fL
% Immature Granulocytes	2.0	%
% NEUTROPHILS	78.1	%
% Lymphs	13.2	%
% Monos	5.6	%
% EOS	0.7	%
% BASOS	0.4	%
Absolute Immature Granulocytes	0.45 (H)	0.00 - 0.10 10E9/L
Absolute Neutrophils	17.89 (H)	1.70 - 7.00 10E9/L
Absolute Lymphs	3.02	1.50 - 4.00 10E9/L
Absolute Monos	1.29 (H)	0.30 - 0.90 10E9/L
Absolute EOS	0.15	0.10 - 0.50 10E9/L
Absolute Baso	0.10	0.00 - 0.30 10E9/L
NRBCS	0.0 (A)	REFERENCE RANGE NOT ESTABLISHED /100 WBC
PLATELET ESTIMATE	INCREASED	

315. At 1814 hrs, Sheila O. Anyaoha, NP, of general surgery, evaluates Skyla.

- WSa 735

316. NP Anyaoha plans to obtain a HIDA scan and consult IR for drainage of fluid collection. Joseph Redcross, DO, co-signs the note.

- WSa 741

PLAN
Labs, imaging, chart reviewed
Pt with abdominal fluid collection measures 12.9 x 6.0 cm
Will obtain HIDA scan to eval for possible bile leak
Will await findings and consult IR for drain of fluid collection
Okay to have clears, NPO after midnight
Labs in am

317. Skyla is admitted for inpatient treatment.

- WSa 732

Daily Drain Output Values

318. On 4/6, Skyla's recorded drain output is 400 mL. The only measurement was recorded at 1958 hrs.

- WSa 830

[REMOVED] Closed/Suction Drain 03/28/20 Right Abdomen

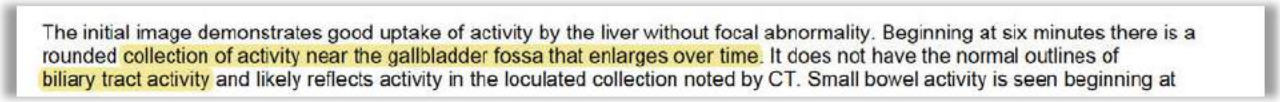
Closed Drain Properties	Placement Date: 03/28/20 Placement Time: 1820 Inserted by: Dr.Zuckerman Tube Number: 1 Orientation: Right Location: Abdomen Size: 8 Fr. , total abscession, lot: 5546974, Exp: 11/30/2022 Fr / mm / Inch: Fr Removal Date: 04/14/20				
Output (mL)	400 mL	—	—	—	300 mL

April 7, 2020

HIDA Scan and Plan

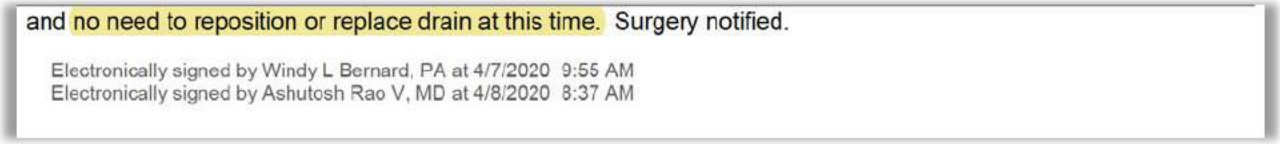
319. On 4/7 at 0630 hrs, Skyla has a HIDA scan. The findings are consistent with a bile leak.

- WSa 794-795


The initial image demonstrates good uptake of activity by the liver without focal abnormality. Beginning at six minutes there is a rounded collection of activity near the gallbladder fossa that enlarges over time. It does not have the normal outlines of biliary tract activity and likely reflects activity in the loculated collection noted by CT. Small bowel activity is seen beginning at

320. At 0950 hrs, PA Bernard evaluates Skyla. PA Bernard notes that the IR drain does not need to be repositioned or replaced. Ashotosh Rao V., MD, co-signs the note.

- WSa 751-752


and no need to reposition or replace drain at this time. Surgery notified.

Electronically signed by Windy L Bernard, PA at 4/7/2020 9:55 AM
Electronically signed by Ashutosh Rao V, MD at 4/8/2020 8:37 AM

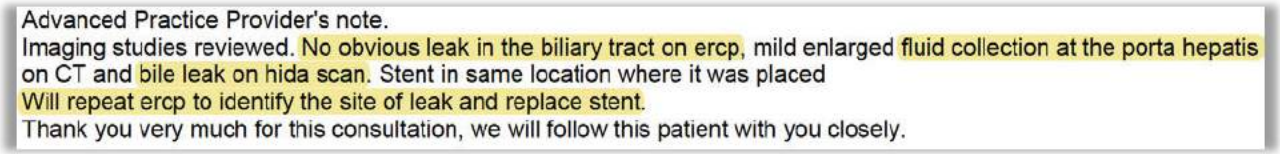
321. At 1020 hrs, Arif Aziz, MD, gastroenterologist, consults with Skyla.

- WSa 741

322. Dr. Aziz notes the following: there was no obvious leak in the biliary tract on the previous ERCP, there is a fluid collection at the porta hepatis, and there is a bile leak on the HIDA scan. WSa 743.

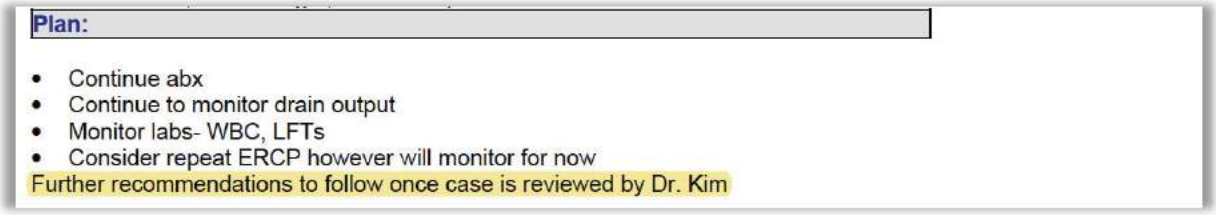
323. Dr. Aziz plans to repeat the ERCP to find the site of the leak and replace the stent.

- WSa 743


Advanced Practice Provider's note.
Imaging studies reviewed. No obvious leak in the biliary tract on ercp, mild enlarged fluid collection at the porta hepatis on CT and bile leak on hida scan. Stent in same location where it was placed
Will repeat ercp to identify the site of leak and replace stent.
Thank you very much for this consultation, we will follow this patient with you closely.

324. Dr. Aziz notes that Skyla's case is to be reviewed by Dr. Kim.

- WSa 742



Plan:

- Continue abx
- Continue to monitor drain output
- Monitor labs- WBC, LFTs
- Consider repeat ERCP however will monitor for now

Further recommendations to follow once case is reviewed by Dr. Kim

Second ERCP with Removal of Stent, Stent Placement, and Sphincterotomy

325. At 1330 hrs, Dr. Aziz performs an ERCP with sphincterotomy and stent placement.

- WSa 777

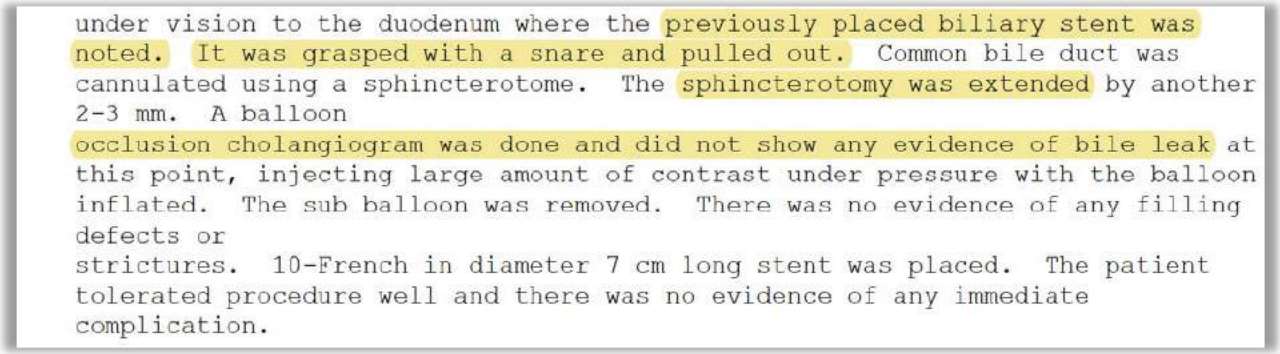
326. Skyla's sphincterotomy is extended. The previously placed stent is removed. A new 10 French by 7 centimeter stent is placed. No bile leak was seen during the procedure. An occlusion cholangiogram did not reveal any leak.

- WSa 781

Findings:
Stent removed, sphincterotomy extended, no bile leak seen on balloon occlusion cholangiogram, 10 F 7 cm stent placed

Implant(s): @ORIMPLANT@

- WSa 781-782



under vision to the duodenum where the previously placed biliary stent was noted. It was grasped with a snare and pulled out. Common bile duct was cannulated using a sphincterotome. The sphincterotomy was extended by another 2-3 mm. A balloon
occlusion cholangiogram was done and did not show any evidence of bile leak at this point, injecting large amount of contrast under pressure with the balloon inflated. The sub balloon was removed. There was no evidence of any filling defects or
strictures. 10-French in diameter 7 cm long stent was placed. The patient tolerated procedure well and there was no evidence of any immediate complication.

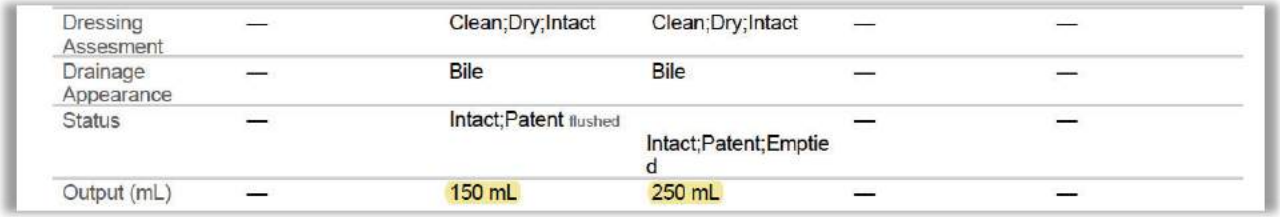
Daily Drain Output Values

327. On 4/7/2020, the recorded output on Skyla's drains is 900 mL.

- WSa 830, 839-840

[REMOVED] Closed/Suction Drain 03/28/20 Right Abdomen					
Closed Drain Properties	Placement Date: 03/28/20 Placement Time: 1820 Inserted by: Dr.Zuckerman Tube Number: 1 Orientation: Right Location: Abdomen Size: 8 Fr. , total abscession, lot: 5546974, Exp: 11/30/2022 Fr / mm / Inch: Fr Removal Date: 04/14/20				
Output (mL)	400 mL	—	—	—	300 mL

[REMOVED] Closed/Suction Drain 03/28/20 Right Abdomen					
Closed Drain Properties	Placement Date: 03/28/20 Placement Time: 1820 Inserted by: Dr.Zuckerman Tube Number: 1 Orientation: Right Location: Abdomen Size: 8 Fr. , total abscession, lot: 5546974, Exp: 11/30/2022 Fr / mm / Inch: Fr Removal Date: 04/14/20				
Output (mL)	—	200 mL	—	—	—



Dressing Assesment	—	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Drainage Appearance	—	Bile	Bile	—	—
Status	—	Intact;Patent flushed	Intact;Patent;Emptied	—	—
Output (mL)	—	150 mL	250 mL	—	—

April 8, 2020 — Discharge

328. On 4/8/2020, labs demonstrate that some of Skyla's liver function tests are elevated.

- WSa 791

Components

Component	Value	Reference Range	Flag	Lab
Sodium,S	137	136 - 145 mmol/L	—	KHLAB
Potassium	4.2	3.5 - 5.1 mmol/L	—	KHLAB
Chloride	103	98 - 107 mmol/L	—	KHLAB
CO2	21	22 - 29 mmol/L	L	KHLAB
Glucose	112	70 - 99 mg/dL	H	KHLAB
BUN	6	6 - 20 mg/dL	—	KHLAB
CREATININE,S	0.53	0.5 - 0.9 mg/dL	—	KHLAB
PROTEIN,TOTAL	6.2	6.4 - 8.3 g/dL	L	KHLAB
ALBUMIN,S	2.4	3.5 - 5.2 g/dL	L	KHLAB
CALCIUM,TOTAL	8.3	8.6 - 10.0 mg/dL	L	KHLAB
BILIRUBIN, TOTAL	0.6	0.0 - 1.2 mg/dL	—	KHLAB
ALKALINE PHOS	255	35 - 104 IU/L	H	KHLAB
AST (SGOT)	33	0 - 32 IU/L	H	KHLAB
ALT (SGPT)	41	0 - 33 IU/L	H	KHLAB
GLOBULIN	3.8	2.4 - 4.0 g/dL	—	KHLAB
ANION GAP	17	12 - 20	—	KHLAB

329. Skyla's white blood cell count and platelet count are elevated.

- WSa 790

Component	Value	Reference Range	Flag	Lab
WBC COUNT	16.82	3.50 - 10.50 10E9/L	H	KHLAB
RBC Count	3.26	3.90 - 5.03 10E12/L	L	KHLAB
HGB	8.6	12.0 - 15.5 g/dL	L	KHLAB
Hematocrit	28.2	35.0 - 45.0 %	L	KHLAB
MCV	86.5	82.0 - 98.0 fL	—	KHLAB
MCH	26.4	26.0 - 34.0 pg	—	KHLAB
MCHC	30.5	32.0 - 36.0 g/dL	L	KHLAB
RDW	15.2	11.9 - 15.5 %	—	KHLAB
PLATELET	896	150 - 450 10E9/L	H	KHLAB

330. On 4/8/2020 at 0944 hrs, Jeffrey L. Kim, MD, of gastroenterology evaluates Skyla.

- WSa 752

Progress Notes by Jeffrey L Kim, MD at 4/8/2020 9:44 AM

Author: Jeffrey L Kim, MD
Filed: 4/8/2020 9:52 AM
Editor: Jeffrey L Kim, MD (Physician)
Service: Gastroenterology
Date of Service: 4/8/2020 9:44 AM
Author Type: Physician
Status: Signed

331. Dr. Kim notes that Skyla has a JP drain with bilious output, which Skyla states is draining less.

- WSa 753

Last 24 hrs notable for ERCP with stent removal, extension of sphincterotomy and placement of 10F x 7 cm stent. Cholangiogram with no leak identified. She is feeling much better today and states she did not require any pain medication over night. She is NPO per surgery but tolerated solid food last night.
She has JP drain with bilious output but she states it is draining less.

332. Dr. Kim plans for no additional GI intervention and signs off.

- WSa 756

Follow up as outpatient. No additional GI intervention at this time. Will sign off and see as needed

333. At 0957 hrs, NP Tanner-Torres examines Skyla.

- WSa 755

Progress Notes by Barbara D Tanner-Torres, NP at 4/8/2020 9:57 AM

Author: Barbara D Tanner-Torres, NP | Service: General Surgery | Author Type: Nurse Practitioner
Filed: 4/10/2020 7:54 AM | Date of Service: 4/8/2020 9:57 AM | Status: Addendum
Editor: Barbara D Tanner-Torres, NP (Nurse Practitioner)

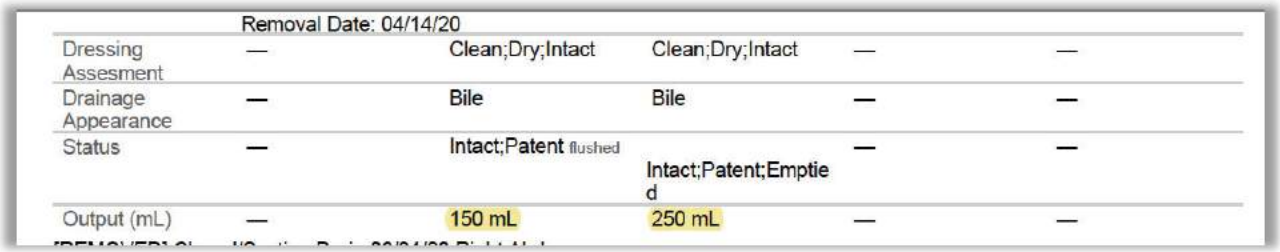
334. NP Tanner-Torres notes that Skyla's drain output has decreased from 900 to 400 mL in last 24 hours.

- WSa 756

Last 24 hrs notable for GI consulted and s/p removal of stent, sphincterotomy extended, no bile leak seen on balloon occlusion cholangiogram, 10 F 7 cm stent placed. WBC 22.9-> 19.15-> 16.82 (current). GI signed off. Drain output decreased from 900-> 400 ml last 24 hrs

335. On 4/7/2020, after the ERCP with stent placement, Skyla's drains have a measured output of 400 mL, among two measurements: at 2200 hrs, there is a measurement of 150 mL. At 2311 hrs, there is a measurement of 250 mL.

- WSa 839-840



	Removal Date: 04/14/20				
Dressing Assesment	—	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Drainage Appearance	—	Bile	Bile	—	—
Status	—	Intact;Patent flushed	Intact;Patent;Emptied	—	—
Output (mL)	—	150 mL	250 mL	—	—

336. On 4/8/2020, there are no drain output values recorded.

- WSa 1-1938.

337. The last drain output value was recorded on 4/7 at 2311 hrs.

- WSa 839-840.

338. NR Tanner-Torres notes that Skyla will be discharged home.

- WSa 758

Plan:
- Start soft diet
- Bactrim/Doxycycline for 5 more days
- d/c home
- Will need to f/u with GI and then IR for drain removal as this was placed in IR at DH
- Monitor temp, pain, drain output at home

339. On 4/8/2020 at 1035 hrs, Skyla is discharged from Kennestone Hospital.

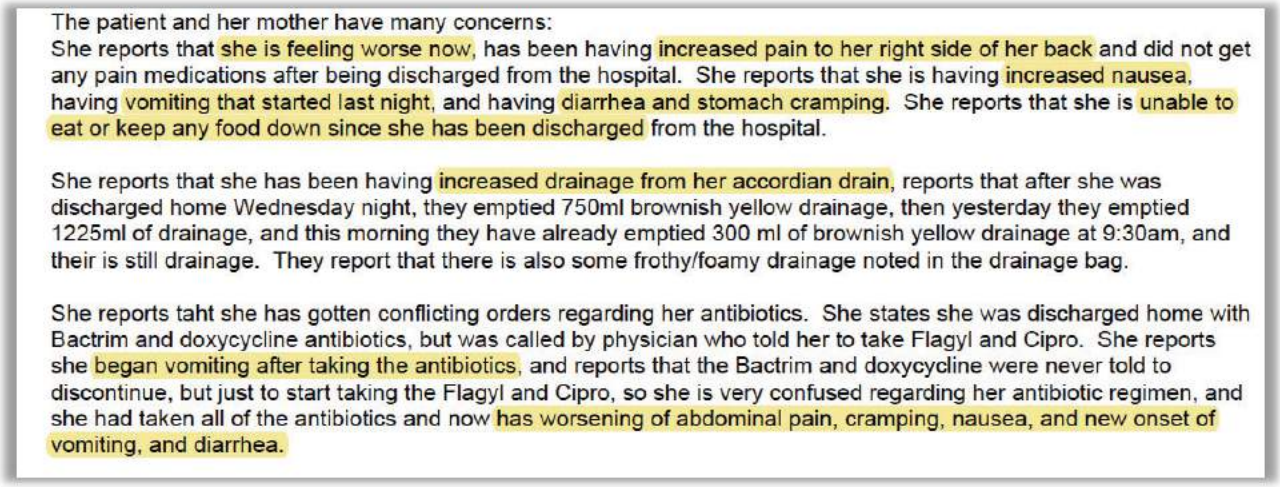
- WSa 733

Outpatient Telehealth — April 10, 2020

340. On 4/10, Skyla has a telehealth visit with Jennifer Densmore, NP. Skyla reports that she is feeling worse now and has been having increased pain to her right side of her back. Skyla reports increased nausea, vomiting since the previous night, diarrhea, and stomach cramping. She has been unable to keep any food down

since her discharge from the hospital. The output of her drains has increased. She has worsened abdominal pain.

- WSa 901



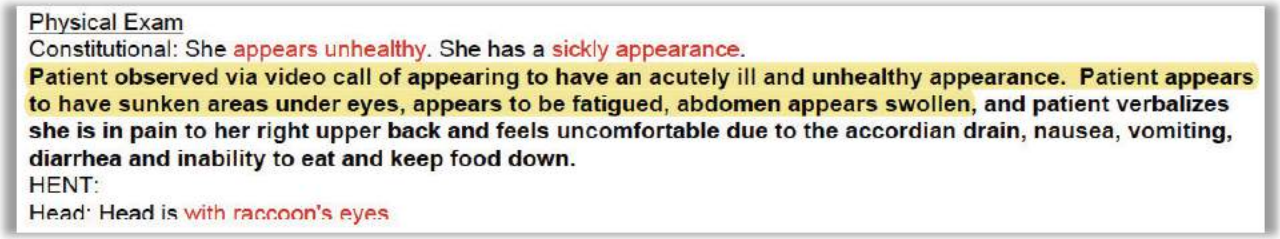
The patient and her mother have many concerns:
She reports that she is feeling worse now, has been having increased pain to her right side of her back and did not get any pain medications after being discharged from the hospital. She reports that she is having increased nausea, having vomiting that started last night, and having diarrhea and stomach cramping. She reports that she is unable to eat or keep any food down since she has been discharged from the hospital.

She reports that she has been having increased drainage from her accordian drain, reports that after she was discharged home Wednesday night, they emptied 750ml brownish yellow drainage, then yesterday they emptied 1225ml of drainage, and this morning they have already emptied 300 ml of brownish yellow drainage at 9:30am, and their is still drainage. They report that there is also some frothy/foamy drainage noted in the drainage bag.

She reports taht she has gotten conflicting orders regarding her antibiotics. She states she was discharged home with Bactrim and doxycycline antibiotics, but was called by physician who told her to take Flagyl and Cipro. She reports she began vomiting after taking the antibiotics, and reports that the Bactrim and doxycycline were never told to discontinue, but just to start taking the Flagyl and Cipro, so she is very confused regarding her antibiotic regimen, and she had taken all of the antibiotics and now has worsening of abdominal pain, cramping, nausea, and new onset of vomiting, and diarrhea.

341. NP Densmore notes that Skyla appears acutely ill and unhealthy. Skyla appears to have sunken areas under her eyes.

- WSa 904



Physical Exam
Constitutional: She appears unhealthy. She has a sickly appearance.
Patient observed via video call of appearing to have an acutely ill and unhealthy appearance. Patient appears to have sunken areas under eyes, appears to be fatigued, abdomen appears swollen, and patient verbalizes she is in pain to her right upper back and feels uncomfortable due to the accordian drain, nausea, vomiting, diarrhea and inability to eat and keep food down.
HENT:
Head: Head is with raccoon's eyes

342. NP Densmore advises Skyla that she needs to be seen in an emergency department immediately. Skyla and her mother express the wish to go to a different facility, Emory, for a second opinion.

- WSa 909

Advised patient that due to her worsening symptoms and her unhealthy, acutely ill appearance and inability to eat, continued nausea with new onset of vomiting and diarrhea, she needs to be seen in an Emergency Room immediately.

Patient states she prefers to go to Emory. Patient's mother expresses that they will leave now to go to Emory healthcare emergency room for further evaluation.

Post-Op ED Visit #3 — April 10, 2020

April 10

Emory Midtown ED

343. On 4/10 at 1408 hrs, Skyla presents to ED at Emory Midtown Hospital.

- EM 42

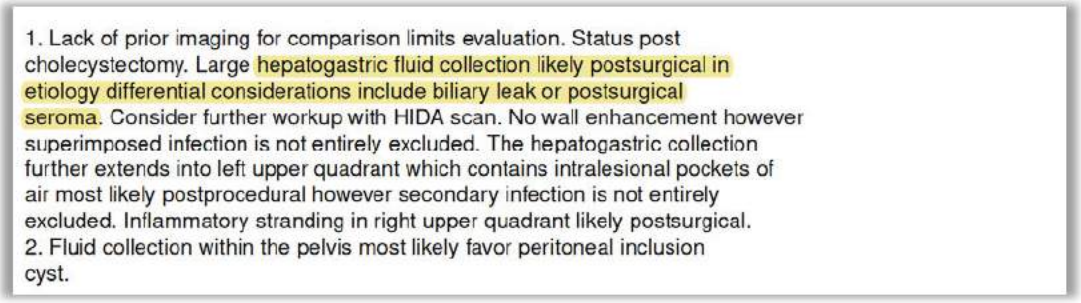
344. Skyla presents with abdominal pain in the right upper quadrant. Labs show leukocytosis and thrombocytosis.

- EM 15

and ERCPs states that she has continuing increasing, abdominal pain, inability tolerate PO. She denies fever, chills, shortness of breath, chest pain, or diarrhea. Patient states she does not want treatment at Wellstar. Patient's exam is unremarkable except abdominal tenderness in her right upper quadrant. I will obtain labs and CT A/P. Labs show leukocytosis and thrombocytosis. CT A/P showed fluid collection concerning for possible bile leak. I spoke with Dr. Dominic Papandria about recommendations and told them the patient refuses care at Wellstar and prefers to see Emory doctors. He will come see the patient now. We attempted to obtain medical records but are unable to get them. Will contact Wellstar once again for medical records. .

345. At 1855 hrs, Skyla has a CT abdomen / pelvis. The scan shows a fluid collection concerning for a bile leak.

- EM 95-96



1. Lack of prior imaging for comparison limits evaluation. Status post cholecystectomy. Large hepatogastric fluid collection likely postsurgical in etiology differential considerations include biliary leak or postsurgical seroma. Consider further workup with HIDA scan. No wall enhancement however superimposed infection is not entirely excluded. The hepatogastric collection further extends into left upper quadrant which contains intralesional pockets of air most likely postprocedural however secondary infection is not entirely excluded. Inflammatory stranding in right upper quadrant likely postsurgical.
2. Fluid collection within the pelvis most likely favor peritoneal inclusion cyst.

346. At 2201 hrs, Skyla's providers arrange for her transfer to Wellstar Kennestone Hospital

- EM 21

347. On 4/11 at 0143 hrs, Skyla is discharged from Emory Midtown Hospital.

- EM 46

April 11, 2020

Transfer to Wellstar Kennestone

348. On 4/11/2020 at 0216 hrs, Skyla arrives at Wellstar Kennestone Hospital.

- WSa 922

349. It is noted that Skyla reports that after her discharge from Kennestone, her drain has begun to have a greater output and she has had worsening pain, nausea, and vomiting. The CT scan taken at Emory shows a large, well defined fluid collection at the level of the gallbladder fossa and a well-defined fluid collection in the pelvis.

- WSa 939

Please see discharge summary from 4/8/2020 for full admission details. Patient states since discharge her drain started to drain more with 750 ml Wednesday night per mom via phone and 1225 ml on Thursday. Patient states on Thursday she started to feel worse due to increase pain in her back, and N/V. She called into our office and spoke with Barbara NP and stated she was taking 4 different antibiotics cipro/flagyl, bactrim and doxycycline. Patient was instructed to continue bactrim/doxy and stop cipro/flagyl. N/V continued to worsen so she went to Emory Midtown ED for further evaluation.

I called Emory in order to get a read on the CT as she did not come with any records.
CT scan showed a appropriately positioned biliary stent and percutaneous drain with little fluid surrounding this catheter. There is a large well defined fluid collection measuring 13 x 9 x 6 with a small foci of air that is at the level of the gallbladder fossa extending into the gastric hepatic space, shifting the stomach to the left. This does not communicate with the current drainage catheter in place per Radiologist. She also has a well defined fluid-collection in the pelvis measuring 7 x 4.5 x 3.5 cm.
John O'keefe, MD

350. Some of Skyla's liver function tests are elevated.

- WSa 1026

Components

Component	Value	Reference Range	Flag	Lab
Sodium,S	137	136 - 145 mmol/L	—	KHLAB
Potassium	4.4	3.5 - 5.1 mmol/L	—	KHLAB
Chloride	103	98 - 107 mmol/L	—	KHLAB
CO2	21	22 - 29 mmol/L	L	KHLAB
Glucose	85	70 - 99 mg/dL	—	KHLAB
BUN	10	6 - 20 mg/dL	—	KHLAB
CREATININE,S	0.74	0.5 - 0.9 mg/dL	—	KHLAB
PROTEIN,TOTAL	6.7	6.4 - 8.3 g/dL	—	KHLAB
ALBUMIN,S	2.9	3.5 - 5.2 g/dL	L	KHLAB
CALCIUM,TOTAL	8.6	8.6 - 10.0 mg/dL	—	KHLAB
BILIRUBIN, TOTAL	0.6	0.0 - 1.2 mg/dL	—	KHLAB
ALKALINE PHOS	160	35 - 104 IU/L	H	KHLAB
AST (SGOT)	20	0 - 32 IU/L	—	KHLAB
ALT (SGPT)	37	0 - 33 IU/L	H	KHLAB
GLOBULIN	3.8	2.4 - 4.0 g/dL	—	KHLAB
ANION GAP	17	12 - 20	—	KHLAB

351. The complete blood count shows elevated values of white blood cells, platelets, neutrophils, and others.

- WSa 1026

Components

Component	Value	Reference Range	Flag	Lab
WBC COUNT	16.78	3.50 - 10.50 10E9/L	H^	KHLAB
RBC Count	3.22	3.90 - 5.03 10E12/L	L˅	KHLAB
HGB	8.8	12.0 - 15.5 g/dL	L˅	KHLAB
Hematocrit	28.3	35.0 - 45.0 %	L˅	KHLAB
MCV	87.9	82.0 - 98.0 fL	—	KHLAB
MCH	27.3	26.0 - 34.0 pg	—	KHLAB
MCHC	31.1	32.0 - 36.0 g/dL	L˅	KHLAB
RDW	15.2	11.9 - 15.5 %	—	KHLAB
PLATELET	677	150 - 450 10E9/L	H^	KHLAB
MPV	8.3	9.4 - 12.3 fL	L˅	KHLAB
% Immature Granulocytes	1.2	%	—	KHLAB
% NEUTROPHILS	75.5	%	—	KHLAB
% Lymphs	15.0	%	—	KHLAB
% Monos	6.6	%	—	KHLAB
% EOS	1.3	%	—	KHLAB
% BASOS	0.4	%	—	KHLAB
Absolute Immature Granulocytes	0.20	0.00 - 0.10 10E9/L	H^	KHLAB
Absolute Neutrophils	12.66	1.70 - 7.00 10E9/L	H^	KHLAB
Absolute Lymphs	2.52	1.50 - 4.00 10E9/L	—	KHLAB
Absolute Monos	1.11	0.30 - 0.90 10E9/L	H^	KHLAB
Absolute EOS	0.22	0.10 - 0.50 10E9/L	—	KHLAB
Absolute Baso	0.07	0.00 - 0.30 10E9/L	—	KHLAB
NRBCS	0.0	REFERENCE	A !	KHLAB

352. At 1535 hrs, Skyla has a CT scan which shows a large perihepatic fluid collection, a pelvic fluid collection, and a fluid collection anterior to the uterus.

- WSa 1034-1035

Peritoneum/retroperitoneum: Overall, there is no significant change in size of a large perihepatic fluid collection with the largest component measuring approximately 12.5 x 6.1 cm, previously 12.9 x 6.0 cm. This tracks along the inferolateral aspect of the liver where there is a percutaneous drain placement. There is no significant degree of free fluid surrounding the drain. There is decrease in size of the well-defined pelvic fluid collection in the cul-de-sac measuring 6.8 x 4.4 cm, previously 3.1 x 5.2 cm. There is decrease in size of the fluid collection anterior to the uterus (series 201, image 128)

Decrease in right pleural effusion and atelectasis.

Released By: MOHIT GUPTA, MD 4/11/2020 4:03 PM

April 12, 2020

MRCP Without Contrast

353. On 4/12/2020 at 1417 hrs, Skyla has an MRCP without contrast.

- WSa 1036-1037

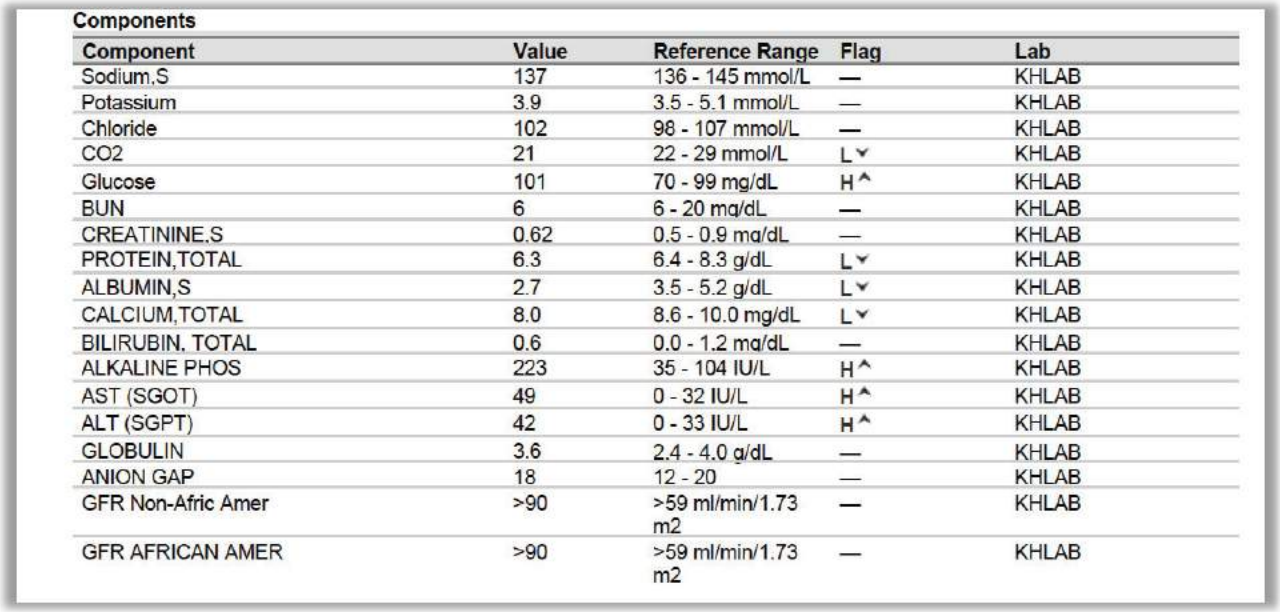
MRCP without IV Contrast [884766027] Resulted: 04/12/20 1502, Result status: Final result

Ordering provider: Joseph W Redcross II, DO 04/12/20 0911
Resulted by: Mohit K Gupta, MD
Performed: 04/12/20 1417 - 04/12/20 1450
Narrative:
EXAM: KH MRCP W/O IV CONTRAST

Order status: Completed
Filed by: Interface, Rad Powerscribe 04/12/20 1503
Accession number: 32652679

354. Skyla's liver function tests show elevated values.

- WSa 1028



Components

Component	Value	Reference Range	Flag	Lab
Sodium,S	137	136 - 145 mmol/L	—	KHLAB
Potassium	3.9	3.5 - 5.1 mmol/L	—	KHLAB
Chloride	102	98 - 107 mmol/L	—	KHLAB
CO2	21	22 - 29 mmol/L	L	KHLAB
Glucose	101	70 - 99 mg/dL	H	KHLAB
BUN	6	6 - 20 mg/dL	—	KHLAB
CREATININE,S	0.62	0.5 - 0.9 mg/dL	—	KHLAB
PROTEIN,TOTAL	6.3	6.4 - 8.3 g/dL	L	KHLAB
ALBUMIN,S	2.7	3.5 - 5.2 g/dL	L	KHLAB
CALCIUM,TOTAL	8.0	8.6 - 10.0 mg/dL	L	KHLAB
BILIRUBIN, TOTAL	0.6	0.0 - 1.2 mg/dL	—	KHLAB
ALKALINE PHOS	223	35 - 104 IU/L	H	KHLAB
AST (SGOT)	49	0 - 32 IU/L	H	KHLAB
ALT (SGPT)	42	0 - 33 IU/L	H	KHLAB
GLOBULIN	3.6	2.4 - 4.0 g/dL	—	KHLAB
ANION GAP	18	12 - 20	—	KHLAB
GFR Non-Afric Amer	>90	>59 ml/min/1.73 m2	—	KHLAB
GFR AFRICAN AMER	>90	>59 ml/min/1.73 m2	—	KHLAB

355. Skyla's complete blood count shows elevated values.

- WSa 1029

April 13, 2020

CT Guided Drainage of Biloma

356. At 0957 hrs, Dr. Zuckerman performs CT guided drainage of subhepatic biloma. An 8F drain is placed.

- WSa 1024

357. The fluid is sent for testing.

- WSa 1030

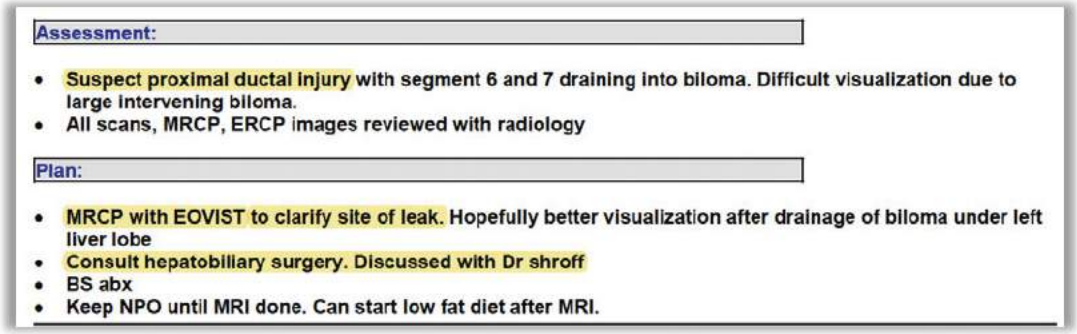
MRCP with EOVIST Contrast

358. On 4/13 at 1616 hrs, Skyla has a consult with Sachin Goel, MD, of gastroenterology.

- WSa 945

359. Dr. Goel suspects a proximal ductal injury. His plan is to order an MRCP with EOVIST contrast. Dr. Goel consults Dr. Shroff, a hepatobiliary surgeon.

- WSa 945



Assessment:

- **Suspect proximal ductal injury with segment 6 and 7 draining into biloma. Difficult visualization due to large intervening biloma.**
- **All scans, MRCP, ERCP images reviewed with radiology**

Plan:

- **MRCP with EOVIST to clarify site of leak. Hopefully better visualization after drainage of biloma under left liver lobe**
- **Consult hepatobiliary surgery. Discussed with Dr shroff**
- **BS abx**
- **Keep NPO until MRI done. Can start low fat diet after MRI.**

360. At 1620 hrs, Skyla has a consult with Sahir Shroff, MD, of general surgery and surgical oncology, a hepatobiliary surgeon.

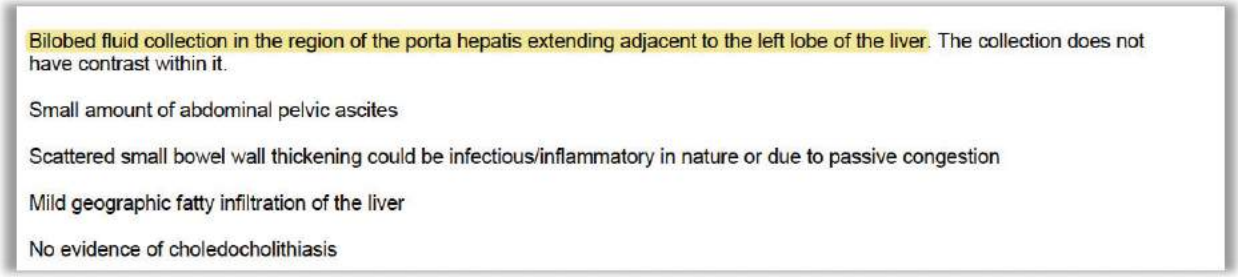
- WSa 953

361. Dr. Shroff plans for MRI with EOVIST to evaluate the right hepatic artery.

- WSa 970

362. At 2133 hrs, Skyla has an MRCP with and without EOVIST contrast.

- WSa 1040-1041

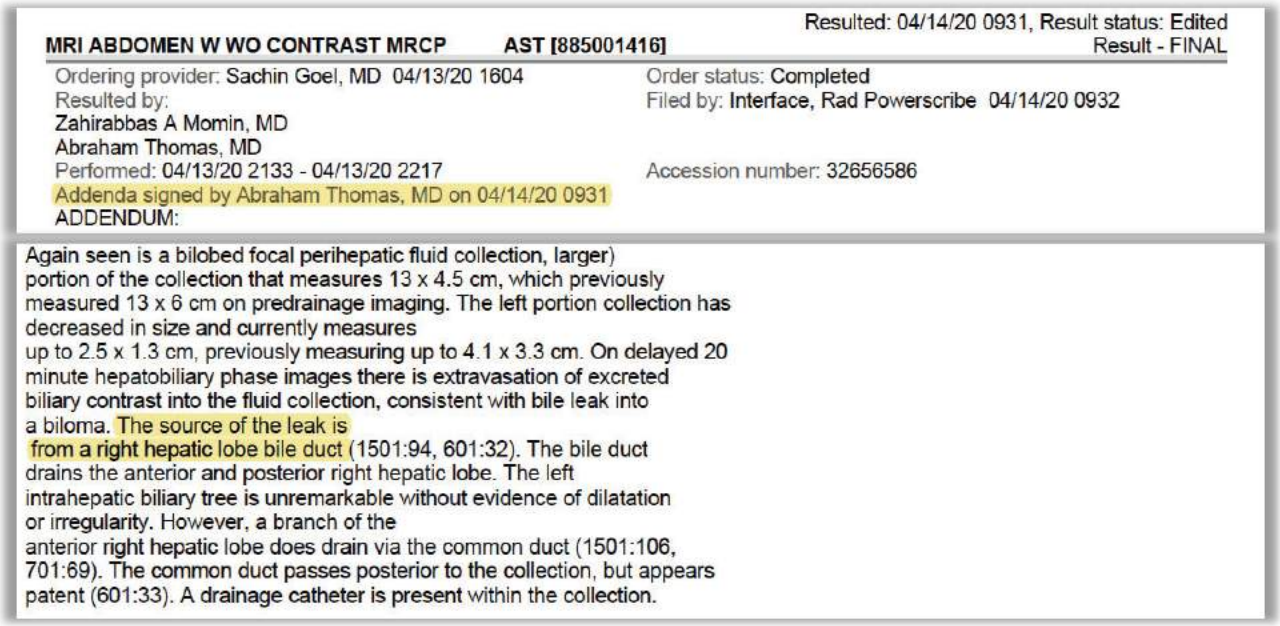


April 14, 2020

Location of the Biliary Leak Confirmed

363. On 4/14/2020 at 0931 hrs, the MRCP with and without EOVIST contrast is addended by radiologist Abraham Thomas, MD. The source of the leak is the right hepatic lobe duct.

- WSa 1040-1041



Resulted: 04/14/20 0931, Result status: Edited
Result - FINAL

MRI ABDOMEN W WO CONTRAST MRCP AST [885001416]

Ordering provider: Sachin Goel, MD 04/13/20 1604
Resulted by:
Zahirabbas A Momin, MD
Abraham Thomas, MD
Performed: 04/13/20 2133 - 04/13/20 2217
Addenda signed by Abraham Thomas, MD on 04/14/20 0931

Order status: Completed
Filed by: Interface, Rad Powerscribe 04/14/20 0932

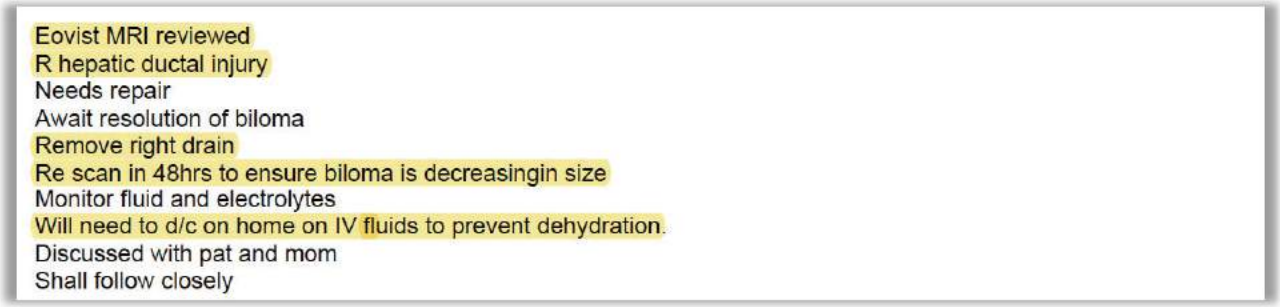
Accession number: 32656586

ADDENDUM:

Again seen is a bilobed focal perihepatic fluid collection, larger) portion of the collection that measures 13 x 4.5 cm, which previously measured 13 x 6 cm on predrainage imaging. The left portion collection has decreased in size and currently measures up to 2.5 x 1.3 cm, previously measuring up to 4.1 x 3.3 cm. On delayed 20 minute hepatobiliary phase images there is extravasation of excreted biliary contrast into the fluid collection, consistent with bile leak into a biloma. The source of the leak is from a right hepatic lobe bile duct (1501:94, 601:32). The bile duct drains the anterior and posterior right hepatic lobe. The left intrahepatic biliary tree is unremarkable without evidence of dilatation or irregularity. However, a branch of the anterior right hepatic lobe does drain via the common duct (1501:106, 701:69). The common duct passes posterior to the collection, but appears patent (601:33). A drainage catheter is present within the collection.

364. Dr. Shroff reviews the MRCP with EOVIST and confirms that Skyla has a right hepatic ductal injury. The injury needs surgical repair. Skyla will receive further imaging in 48 hours to ensure that the biloma is decreasing in size. Dr. Shroff orders Skyla's right drain removed. Skyla will be discharged home.

- WSa 992



Eovist MRI reviewed
R hepatic ductal injury
Needs repair
Await resolution of biloma
Remove right drain
Re scan in 48hrs to ensure biloma is decreasingin size
Monitor fluid and electrolytes
Will need to d/c on home on IV fluids to prevent dehydration.
Discussed with pat and mom
Shall follow closely

365. Skyla will need to recover at home to prepare for the biliary reconstruction surgery.

- WSa 989

- Per patient her and Dr. Shroff had a long discussion this morning, plan is to remove the right drain tomorrow and then to be discharged with her left drain. She will come back in a couple of weeks once her body has had time to recover for biliary reconstruction
- Monitor drain OP

366. At 1342 hrs, Skyla's right lower quadrant drain is removed.

- WSa 992

Progress Notes by Nancy A Demester, PA at 4/14/2020 1:42 PM

Author: Nancy A Demester, PA | Service: Interventional Radiology | Author Type: Physician Assistant
Filed: 4/14/2020 1:42 PM | Date of Service: 4/14/2020 1:42 PM | Status: Signed
Editor: Nancy A Demester, PA (Physician Assistant) | Cosigner: Alan M Zuckerman, MD at 4/14/2020 2:15 PM

RLQ drain was removed intact. Sterile dressing applied over site. Patient tolerated well.

Electronically signed by Nancy A Demester, PA at 4/14/2020 1:42 PM
Electronically signed by Alan M Zuckerman, MD at 4/14/2020 2:15 PM

April 15, 2020

Progress Note

367. On 4/15 at 1157 hrs, Anita Johnson, NP, of general surgery, follows up with Skyla.

- WSa 992

368. NP Johnson notes that Skyla's pain is under control and she is tolerating a regular diet and activity. A PICC line has been placed for IV infusions at home.

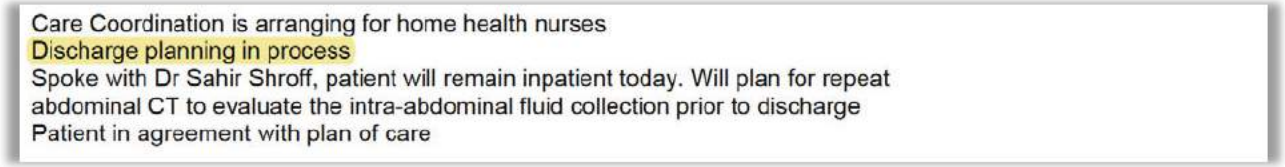
- WSa 992

Subjective /Objective Interval History

Patient reports adequate pain management. She is tolerating a regular diet and activity
PICC Line has been placed for IV home infusions to prevent dehydration

369. NP Johnson notes that discharge planning is in place. Robert O'Connor, MD co-signs the note.

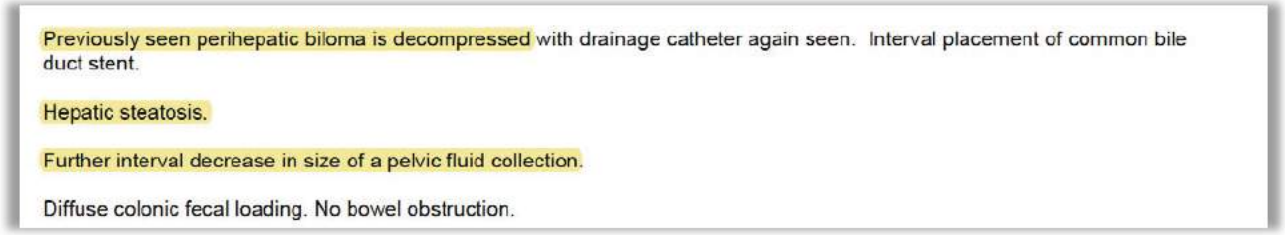
- WSa 994-995


Care Coordination is arranging for home health nurses
Discharge planning in process
Spoke with Dr Sahir Shroff, patient will remain inpatient today. Will plan for repeat abdominal CT to evaluate the intra-abdominal fluid collection prior to discharge
Patient in agreement with plan of care

April 16, 2020 — Discharge

370. On 4/16/2020 at 0919 hrs, Skyla has a CT abdomen / pelvis without contrast. She has hepatic steatosis. The biloma has decreased in size.

- WSa 1043


Previously seen perihepatic biloma is decompressed with drainage catheter again seen. Interval placement of common bile duct stent.

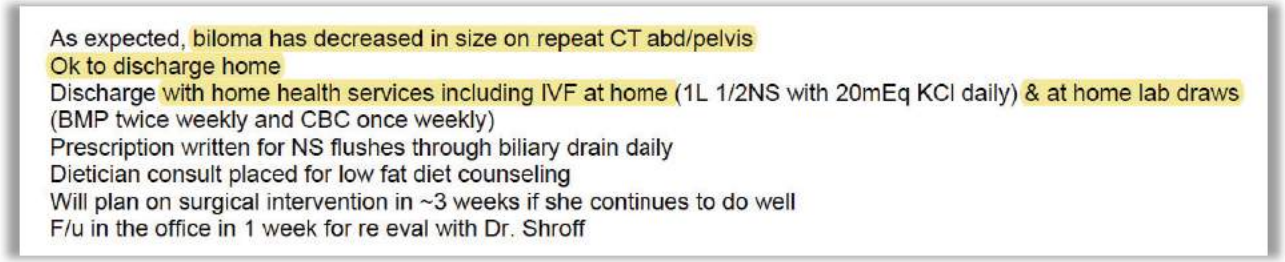
Hepatic steatosis.

Further interval decrease in size of a pelvic fluid collection.

Diffuse colonic fecal loading. No bowel obstruction.

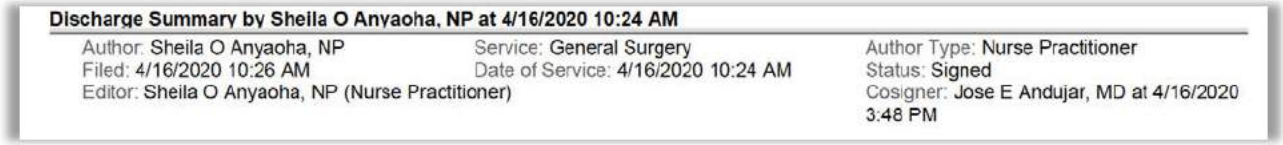
371. Skyla may be discharged home. She will need home health care for IV treatments and labs.

- WSa 999


As expected, biloma has decreased in size on repeat CT abd/pelvis
Ok to discharge home
Discharge with home health services including IVF at home (1L 1/2NS with 20mEq KCl daily) & at home lab draws (BMP twice weekly and CBC once weekly)
Prescription written for NS flushes through biliary drain daily
Dietician consult placed for low fat diet counseling
Will plan on surgical intervention in ~3 weeks if she continues to do well
F/u in the office in 1 week for re eval with Dr. Shroff

372. On 4/16/2020 at 1024 hrs, Skyla is discharged from Kennestone Hospital.

- WSa 931



Discharge Summary by Sheila O Anyaoha, NP at 4/16/2020 10:24 AM

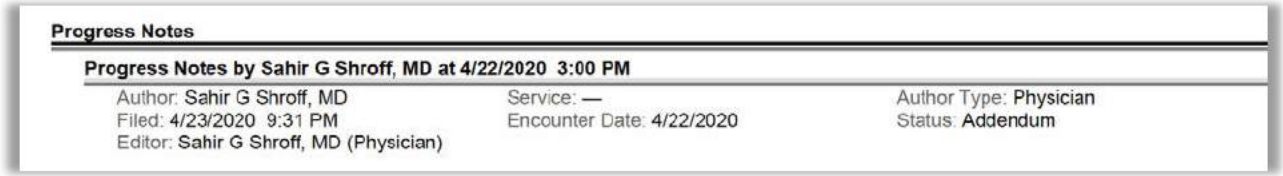
Author: Sheila O Anyaoha, NP | Service: General Surgery | Author Type: Nurse Practitioner
Filed: 4/16/2020 10:26 AM | Date of Service: 4/16/2020 10:24 AM | Status: Signed
Editor: Sheila O Anyaoha, NP (Nurse Practitioner) | Cosigner: Jose E Andujar, MD at 4/16/2020 3:48 PM

Post-Op ED Visit #4 — April 22, 2020

April 22

373. On 4/22/2020, at 1500 hrs, Skyla has a preoperative visit with Dr. Shroff.

- WSa 1256



Progress Notes

Progress Notes by Sahir G Shroff, MD at 4/22/2020 3:00 PM

Author: Sahir G Shroff, MD | Service: — | Author Type: Physician
Filed: 4/23/2020 9:31 PM | Encounter Date: 4/22/2020 | Status: Addendum
Editor: Sahir G Shroff, MD (Physician)

374. Dr. Shroff notes that Skyla will need a right hepaticojejunostomy.

- WSa 1270

Right bile duct injury
Needs R hepaticojejinosctomy

375. On 4/22/2020 at 2218 hrs, Skyla presents to Kennestone ED. She is admitted at midnight on April 23.

- WSa 1276

04/23/2020 - ED to Hosp-Admission (Discharged) in Wellstar Kennestone Hospital (KH G7N ACUTE CARE)

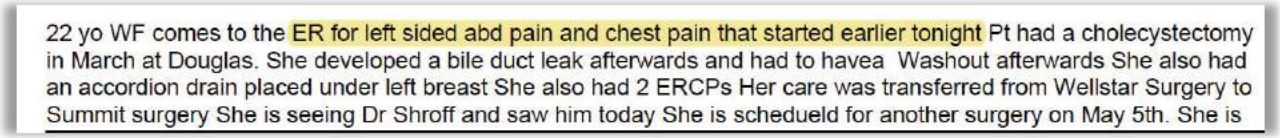
Visit Information

Admission Information

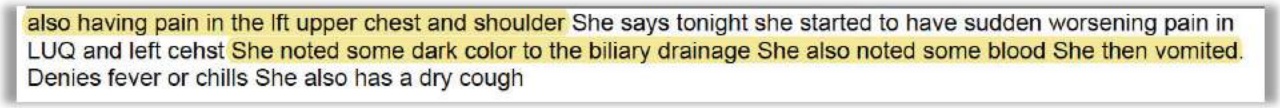
Arrival Date/Time:	04/22/2020 2218	Admit Date/Time:	04/23/2020 0000	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Self Referral	Admit Category:	
Means of Arrival:	Car	Primary Service:	Hospital Medicine-	Secondary Service:	N/A

376. She is having left sided abdominal pain, chest pain, and shoulder pain which started earlier that day. She also noted blood and dark color to the biliary drainage. She vomited.

- WSa 1280-1281



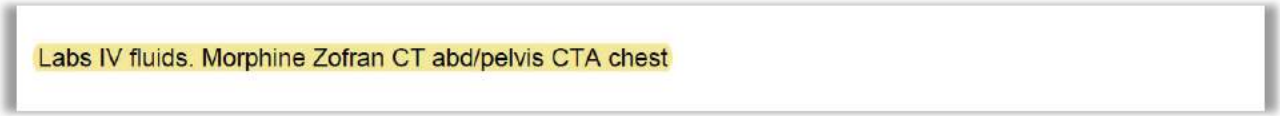
22 yo WF comes to the ER for left sided abd pain and chest pain that started earlier tonight Pt had a cholecystectomy in March at Douglas. She developed a bile duct leak afterwards and had to havea Washout afterwards She also had an accordion drain placed under left breast She also had 2 ERCPs Her care was transferred from Wellstar Surgery to Summit surgery She is seeing Dr Shroff and saw him today She is schedueld for another surgery on May 5th. She is



also having pain in the lft upper chest and shoulder She says tonight she started to have sudden worsening pain in LUQ and left cehst She noted some dark color to the biliary drainage She also noted some blood She then vomited. Denies fever or chills She also has a dry cough

377. The provider plans for labs, IV fluids, morphine, Zofran, CT abdomen / pelvis, and CTA chest.

- WSa 1288



Labs IV fluids. Morphine Zofran CT abd/pelvis CTA chest

April 23

378. On 4/23/2020 at 0240 hrs, Skyla has a CTA chest.

- WSa 1357

CT Angiogram Chest with IV Contrast - PE Protocol(Creatinine draw if needed) [885476647] Resulted: 04/23/20 0304, Result status: Final result

Ordering provider: Nauman W Rashid, MD 04/23/20 0028
Resulted by: Jaydip Datta, MD
Performed: 04/23/20 0240 - 04/23/20 0246
Narrative:

Order status: Completed
Filed by: Interface, Rad Powerscribe 04/23/20 0305
Accession number: 32682381

379. The findings show patchy areas of groundglass infiltrates in the lung bases and there are commonly reported features of Covid-19 pneumonia present.

- WSa 1358

patchy areas of groundglass infiltrates are present in the lung bases. Commonly reported features of covid-19 pneumonia are present. Other processes such as influenza pneumonia and organizing pneumonia, as can be seen with drug toxicity and connective
tissue disease, can cause a similar imaging pattern.

Postoperative changes in the upper abdomen

380. At 0240 hrs, Skyla also has a CT abdomen / pelvis. The lung bases demonstrate left basilar atelectasis and small left pleural effusion. There is a fluid collection that is smaller than in the previous study.

- WSa 1360

1. INTERVAL DECREASE IN SIZE OF THE PERIPHERALLY ENHANCING FOCAL FLUID COLLECTION IN THE LOWER PELVIS

2. POSTOPERATIVE CHANGES AS NOTED ABOVE

3. THERE IS NO PERIHEPATIC COLLECTIONS

4. SMALL LEFT PLEURAL EFFUSION AND BASILAR ATELECTASIS, NEW SINCE PREVIOUS STUDY

The Results Reporting Office (F1) will complete appropriate follow-up actions based on defined processes. F1

Released By: JAYDIP DATTA, MD 4/23/2020 2:59 AM

381. After Skyla's imaging results are discussed with her, she expresses concern about Covid-19 and states she still has left sided pain.

- WSa 1289

ED Provider Note (continued)

at bedisde Pt says she is still having pain in left side and also is cocnerned about COVID. Will send COVID test Will admit

382. Skyla tests negative for Covid-19.

- WSa 1353

383. Skyla's liver function tests reveal elevated values.

- WSa 1349

Components

Component	Value	Reference Range	Flag	Lab
ALBUMIN,S	4.1	3.5 - 5.2 g/dL	—	KHLAB
BILIRUBIN, TOTAL	0.5	0.0 - 1.2 mg/dL	—	KHLAB
Bilirubin,Direct	0.2	0.0 - 0.3 mg/dL	—	KHLAB
ALKALINE PHOS	200	35 - 104 IU/L	H^	KHLAB
AST (SGOT)	46	0 - 32 IU/L	H^	KHLAB
ALT (SGPT)	66	0 - 33 IU/L	H^	KHLAB
PROTEIN,TOTAL	8.3	6.4 - 8.3 g/dL	—	KHLAB

384. Skyla is admitted for observation and Dr. Shroff is consulted.

- WSa 1307

Hospital medicine was consulted and it was decided to admit for 24 hour observation.

Dr. Shroff with General Surgery consulted.

385. On 4/23/2020 at 1615 hrs, Dr. Shroff evaluates Skyla.

- WSa 1333

386. Dr. Shroff concludes that Skyla's pain may be due to a blood clot passing through the drain, and due to having the drain in place generally.

- WSa 1339-1340

Acute onset of pain possibly caused by blood clot passing through the drain
Bile drain now working well with appropriate drainage & no concerning findings on new imaging
Will expect some pain due to the location of the drain
F/U for scheduled preop visit with Dr. Shroff in clinic in anticipation of operation on May 5

387. On 4/23/2020 at 1738 hrs, Skyla is discharged from Kennestone Hospital.

- WSa 1302

Discharge Summary Note

Discharge Summary by Erik J Rodriguez, MD at 4/23/2020 5:38 PM

Author: Erik J Rodriguez, MD
Filed: 4/23/2020 5:44 PM
Editor: Erik J Rodriguez, MD (Resident)

Service: Hospital Medicine
Date of Service: 4/23/2020 5:38 PM

Author Type: Resident
Status: Attested
Cosigner: Paul K Mathieu Jr., MD at 4/23/2020 7:05 PM

- WSa 1304

Procedures Performed:

The remainder of the patient's medical problems were chronic and stable without any further intervention this admission. The patient will continue the current treatments and medications. Patient was clinically and hemodynamically stable at discharge.

Reconstructive Surgery — May 5, 2020

May 5

388. On 5/5/2020 at 1020 hrs, Skyla arrives at Wellstar Kennestone Hospital for surgery.

- WSa 1432

389. Skyla's hepatic function panel shows some elevated values.

- WSa 1537

Components

Component	Value	Reference Range	Flag	Lab
ALBUMIN,S	3.9	3.5 - 5.2 g/dL	—	KHLAB
BILIRUBIN, TOTAL	0.4	0.0 - 1.2 mg/dL	—	KHLAB
Bilirubin,Direct	0.2	0.0 - 0.3 mg/dL	—	KHLAB
ALKALINE PHOS	416	35 - 104 IU/L	H^	KHLAB
AST (SGOT)	138	0 - 32 IU/L	H^	KHLAB
ALT (SGPT)	116	0 - 33 IU/L	H^	KHLAB
PROTEIN,TOTAL	8.0	6.4 - 8.3 g/dL	—	KHLAB

390. At 1500 hrs, Dr. Shroff performs multiple procedures: exploratory laparotomy, extensive lysis of adhesions, drainage of biloma, identification of right hepatic arterial pulse, kocherization of duodenum, Roux-en-Y right hepaticojejunostomy, and application of amniofix.

- WSa 1525

Panel 1

Surgeon	Role	Service	Start Time	End Time
Sartaj S Sanghera, MD	Assisting	General	1600	
Sahir G Shroff, MD	Primary	General	1500	

Procedure: HEPATICO JEJUNOSTOMY ROUXEN / DRAINAGE BILOMA

- WSa 1533

PROCEDURE:
1. Exploratory laparotomy.
2. Extensive lysis of adhesions (2 hours).
3. Drainage of biloma.
4. Identification of R hepatic arterial pulse.
5. Kocherization of duodenum.
6. Roux-en-Y Right hepaticojejunostomy.
7. Application of amniofix.

391. Dr. Shroff notes that Skyla's gastroc is completely fused to the inferior wall of the liver. The duodenum is adherent to the gallbladder fossa. End-to-side anastomosis of the right hepatic duct to the small bowel is performed. 50 cm distal to the anastomosis, a jejunostomy is performed.

- WSa 1533-1534

falciform ligament and the round ligament were divided. There were extensive adhesions within the abdominal cavity. The gastroc was completely fused to the inferior wall of the liver. This was meticulously separated and the fluid cavity was entered. The biloma was drained away. I then proceeded to slowly

I then proceeded to kocherize the duodenum. Infrahepatic vena cava was identified. The duodenum was adherent to the gallbladder fossa, was slowly released. The hepatoduodenal ligament was encircled and a Penrose drain was placed around it. Dissection was continued along the hepatoduodenal ligament at this point to clearly define the area of injury. Bile leak from the right hepatic duct was identified. Bakes dilators were used to identify the branching of the right hepatic duct to the right anterior and posterior ducts. At this point, clearly defining the right hepatic duct, I proceeded to locate a Roux limb. The first limb of the jejunum that could be easily brought up in a retrocolic fashion to the right of the middle colic was identified. This was divided and a Roux limb was created. The Roux limb was brought out right of the middle colic vessels in the right upper quadrant. End-to-side anastomosis of the right hepatic duct to the small bowel was then performed using a 5-0 PDS in an interrupted fashion. About 8 sutures were required to complete the biliary anastomosis. 50 cm distal to the biliary anastomosis, I proceeded to perform a jejunojejunostomy. This was performed using Endo-GIA 60. A 19-French drain was placed posterior to the Roux anastomosis. The jejunojejunostomy was created 50

May 6, 2020

392. On 5/6 at 1057 hrs, Dr. Shroff orders a consult with pain pharmacy.

- WSa 1450

393. At 1157 hrs, Jasmine Jones, RPH, of pharmacy pain management, consults with Skyla.

- WSa 1450

394. Ms. Jones notes that Skyla is having consistent, very hard, deep, aching pain in her abdomen.

- WSa1454

Acute Pain
Region/radiation of the pain:
1. Abdomen: Consistent "very hard, very deep aching pain"; nothing helps the abdominal pain very much.
2. Back: This pain is associated with the abdominal pain, reported as constant aching Temporal pattern/Quality of the pain:

395. Ms. Jones notes that Skyla was relatively opioid naïve prior to admission, but her current dose of morphine does not relieve her pain.

- WSa 1455

A/P
22-year-old female with a history of cholecystectomy in March 2020. Cholecystectomy complicated by a bile leak. She was admitted to Kennestone Hospital, yesterday, for planned surgical intervention to drain a biloma. Patient was relatively opioid naive prior to admission having only received short courses of either Percocet or Tramadol after recent cholecystectomy. She reports averaging 1 dose of tramadol 50 mg per day, taken at night to help her rest.

Today, she reports persistent severe abdominal and back pain s/p surgical procedure. Minimal relief with morphine PCA 1 mg demand/6 minute lockout/NO basal infusion/20 mg 4hr max. Some additional relief from Robaxin initiated

396. Ms. Jones makes recommendations for Skyla's pain management.

- WSa 1455

Recommendations
Non-pharmacologic
-Ice application to surgical area times 20 minutes as needed

Non-opioid(s)/Adjuvant(s)
-**schedule** Toradol 15 mg IV every 8 hours around the clock, max 5 days
-**schedule** Robaxin 1 g IV every 8 hours x72 hours, when tolerating orals transition to oral Robaxin
-**renew** scheduled IV acetaminophen 1 g every 6 hours times 24 more hours, when tolerating orals transition to oral acetaminophen 975 mg 3 times a day

Opioid(s)
-Recommend to modifiy Morphine PCA settings
Demand dose 1 mg increased to 2 mg
Lockout interval 6 minutes increased to 15 minutes
Continuous rate infusion none
4hr max limit 20 mg
Loading dose None

May 7, 2020

397. On 5/7/2020 at 1004 hrs, Dr. Shroff evaluates Skyla.

- WSa 1456

398. Dr. Shroff notes that he awaits the return of Skyla's bowel function before considering her discharge.

- WSa 1458

Agree with above
Await bowel function
amb
Hope to d/c NG

Sahir Shroff, MD
SURGICAL ONCOLOGY

399. At 1714 hrs, Arielle Spurley, RPH, of pharmacy pain management, follows up on Skyla.

- WSa 1459

Pharmacy Pain Management by Arielle Spurley, RPH at 5/7/2020 5:14 PM

Author: Arielle Spurley, RPH | Service: Pharmacy | Author Type: Pharmacist
Filed: 5/7/2020 5:34 PM | Date of Service: 5/7/2020 5:14 PM | Status: Signed
Editor: Arielle Spurley, RPH (Pharmacist)

400. Ms. Spurley notes Skyla's pain control is improved.

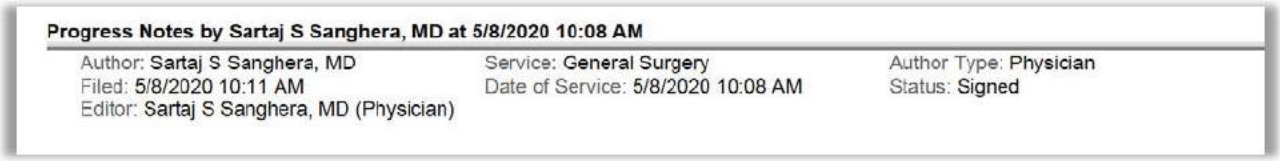
- WSa 1460

Today, she reports significant improvement in pain control compared to yesterday. She stated during interview that she had not used the PCA in ~2 hrs. She was able to ambulate around the unit twice this morning. She remains NPO at this time and reports no gas or bowel movement today. Recommend to continue current analgesia treatment. Recommendations communicated via perfect to Dr. Shroff.

May 8, 2020

401. On 5/8/2020 at 1008 hrs, Sartaj S. Sanghera, MD, evaluates Skyla.

- WSa 1462



Progress Notes by Sartaj S Sanghera, MD at 5/8/2020 10:08 AM

Author: Sartaj S Sanghera, MD | Service: General Surgery | Author Type: Physician
Filed: 5/8/2020 10:11 AM | Date of Service: 5/8/2020 10:08 AM | Status: Signed
Editor: Sartaj S Sanghera, MD (Physician)

402. Dr. Sanghera notes that Skyla has had bowel function and her diet may advance.

- WSa 1463

Assessment:
Stable pod 3
Bowel function+

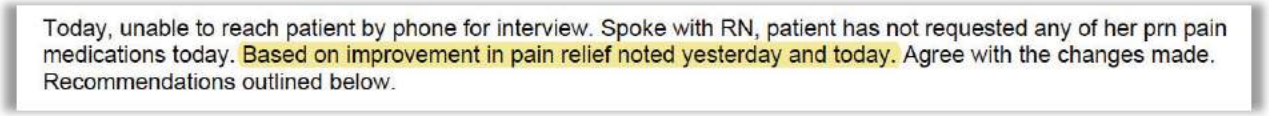
Plan:
Advance to fulls for dinner

403. At 1532 hrs, Ms. Spurley follows up with Skyla.

- WSa 1464

404. Ms. Spurley notes that Skyla's pain has improved.

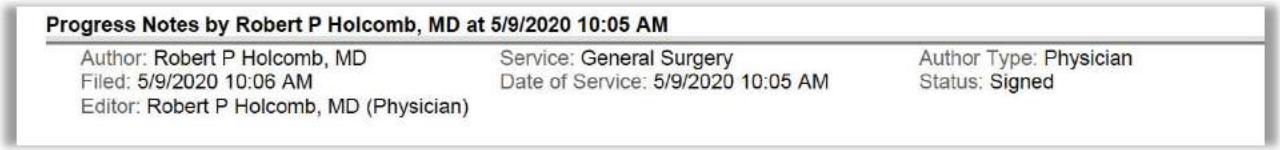
- WSa 1465



Today, unable to reach patient by phone for interview. Spoke with RN, patient has not requested any of her prn pain medications today. Based on improvement in pain relief noted yesterday and today. Agree with the changes made. Recommendations outlined below.

405. On 5/9/2020 at 1005 hrs, Robert Holcomb, MD, follows up with Skyla.

- WSa 1467



Progress Notes by Robert P Holcomb, MD at 5/9/2020 10:05 AM

Author: Robert P Holcomb, MD | Service: General Surgery | Author Type: Physician
Filed: 5/9/2020 10:06 AM | Date of Service: 5/9/2020 10:05 AM | Status: Signed
Editor: Robert P Holcomb, MD (Physician)

406. Dr. Holcomb notes that Skyla is doing well and tolerating her diet.

- WSa 1467

Subjective / Interval History
Doing great. Ambulating. Tolerating diet. Drain output minimal.

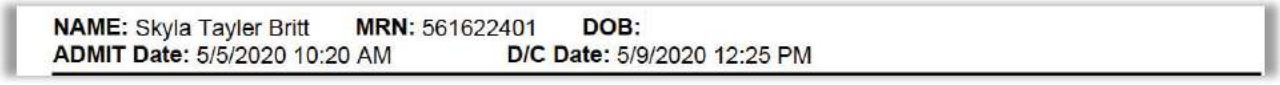
407. Skyla may be discharged home.

- WSa 1469

Discharge home
LOS: 4 days

408. On 5/9/2020 at 1225 hrs, Skyla is discharged home from Kennestone Hospital.

- WSa 1436



NAME: Skyla Tayler Britt **MRN:** 561622401 **DOB:**
ADMIT Date: 5/5/2020 10:20 AM **D/C Date:** 5/9/2020 12:25 PM

Specific Acts of Professional Malpractice

Dr. Taylor

Violation One

409. The standard of care forbade Dr. Taylor from recommending a surgery for which there was no indication.

410. Dr. Taylor recommended a cholecystectomy for Skyla Britt.

411. A cholecystectomy was not indicated for Skyla Britt.

Violation Two

412. The standard of care forbade Dr. Taylor from performing a surgery for which there was no indication.

413. Dr. Taylor performed a cholecystectomy on Skyla Britt.

414. A cholecystectomy was not indicated for Skyla Britt.

Violation Three

415. Upon the discovery of an 80% intrahepatic gallbladder, the standard of care required Dr. Taylor either to immediately involve a hepatobiliary specialist if one was available, or to abort the surgery.

416. Upon the discovery of an 80% intrahepatic gallbladder, Dr. Taylor did not involve a hepatobiliary specialist.

417. Upon the discovery of an 80% intrahepatic gallbladder, Dr. Taylor made no effort to involve a hepatobiliary specialist.

418. Upon the discovery of an 80% intrahepatic gallbladder, Dr. Taylor did not abort the surgery.

Violation Four

419. On March 24, 2020, after the HIDA scan was misread as negative, the standard of care required Dr. Taylor to order further imaging for Skyla, to rule out other complications such as a bowel obstruction, and to refer Skyla to the emergency department for care and monitoring.

420. On March 24, 2020, after the HIDA scan was misread as negative, Dr. Taylor did not order further imaging for Skyla, to rule out other complications such as a bowel obstruction.

421. On March 24, 2020, after the HIDA scan was misread as negative, Dr. Taylor did not refer Skyla to the emergency department for care and monitoring.

Dr. Sykes

422. The standard of care required Dr. Sykes to identify and report a bile leak on Skyla's March 24, 2020, HIDA scan.

423. Dr. Sykes did not identify and report a bile leak on Skyla's March 24, 2020, HIDA scan.

Dr. Sappati-Biyyani

Violation One

424. The standard of care required Dr. Sappati-Biyyani to order an MRCP with contrast to identify the specific source of Skyla's bile leak.

425. Dr. Sappati-Biyyani did not order an MRCP with contrast.

Violation Two

426. The standard of care required Dr. Sappati-Biyyani to consult with a hepatobiliary specialist when Skyla showed signs of a continued bile leak.

427. Dr. Sappati-Biyyani did not consult a hepatobiliary specialist.

Violation Three

428. The standard of care required Dr. Sappati-Biyyani to monitor the drain output after the placement of a biliary stent.

429. Dr. Sappati-Biyyani did not monitor the drain output of Skyla's abdominal drains.

Violation Four

430. The standard of care required Dr. Sappati-Biyyani to order follow up imaging after placement of the biliary stent.

431. Dr. Sappati-Biyyani did not order follow up imaging after placement of the biliary stent.

Violation Five

432. The standard of care forbade Dr. Sappati-Biyyani to sign off on Skyla's care before her bile leak was successfully treated.

433. Dr. Sappati-Biyyani signed off on Skyla's care before her bile leak was successfully treated.

Dr. Andujar

434. The standard of care forbade Dr. Andujar to sign off on Skyla's care before her bile leak was successfully treated.

435. Dr. Andujar signed off on Skyla's care before her bile leak was successfully treated.

Ms. Rivers-Fleming

436. The standard of care forbade Ms. Rivers-Fleming to sign off on Skyla's care before her bile leak was successfully treated.

437. Ms. Rivers-Fleming signed off on Skyla's care before her bile leak was successfully treated.

Dr. Aziz

Violation One

438. The standard of care required Dr. Aziz to order an MRCP with contrast to identify the specific source of Skyla's bile leak.

439. Dr. Aziz did not order an MRCP with contrast.

Violation Two

440. The standard of care required Dr. Aziz to consult with a hepatobiliary specialist when Skyla showed signs of a continued bile leak.

441. Dr. Aziz did not consult a hepatobiliary specialist.

Violation Three

442. The standard of care required Dr. Aziz to monitor the drain output after the placement of a biliary stent.

443. Dr. Aziz did not monitor the drain output of Skyla's abdominal drains.

Violation Four

444. The standard of care required Dr. Aziz to order follow up imaging after placement of the biliary stent.

445. Dr. Aziz did not order follow up imaging after placement of the biliary stent.

Dr. Kim

Violation One

446. The standard of care required Dr. Kim to order an MRCP with contrast to identify the specific source of Skyla's bile leak.

447. Dr. Kim did not order an MRCP with contrast.

Violation Two

448. The standard of care required Dr. Kim to consult with a hepatobiliary specialist when Skyla showed signs of a continued bile leak.

449. Dr. Kim did not consult a hepatobiliary specialist.

Violation Three

450. The standard of care required Dr. Kim to monitor the drain output after the placement of a biliary stent.

451. Dr. Kim did not monitor the drain output of Skyla's abdominal drains.

Violation Four

452. The standard of care required Dr. Kim to order follow up imaging after placement of the biliary stent.

453. Dr. Kim did not order follow up imaging after placement of the biliary stent.

Violation Five

454. The standard of care forbade Dr. Kim to sign off on Skyla's care before her bile leak was successfully treated.

455. Dr. Kim signed off on Skyla's care before her bile leak was successfully treated.

Dr. Redcross

456. The standard of care forbade Dr. Redcross to sign off on Skyla's care before her bile leak was successfully treated.

457. Dr. Redcross signed off on Skyla's care before her bile leak was successfully treated.

Ms. Tanner-Torres

458. The standard of care forbade Ms. Tanner-Torres to sign off on Skyla's care before her bile leak was successfully treated.

459. Ms. Tanner-Torres signed off on Skyla's care before her bile leak was successfully treated.

Causation and Harm

460. Skyla Britt suffered harm as a result of the Defendants' negligence.

461. Skyla Britt endured an unnecessary surgery, suffered the removal of a normal organ, suffered a bile duct injury and complications from the bile duct injury, had a hepaticojejunostomy because of the bile duct injury, and continues to receive medical care as a result of her injuries. Skyla Britt suffered complications

from the untreated bile leak that was present on March 24, 2020, but not diagnosed in Dr. Taylor's office. After the bile leak was negligently created, Skyla Britt suffered an untreated bile leak and suffered from complications of the bile leak.

Damages

462. Plaintiff incorporates by reference, as if fully set forth herein, all preceding paragraphs of this Complaint.

463. As a direct and proximate result of the Defendants' conduct, Plaintiff is entitled to recover from Defendants reasonable compensatory damages in an amount exceeding $10,000.00 to be determined by a fair and impartial jury for all damages Plaintiff suffered, including physical, emotional, and economic injuries.

464. WHEREFORE, Plaintiff demands a trial by jury and judgment against the Defendants as follows:

a. Compensatory damages in an amount exceeding $10,000.00 to be determined by a fair and impartial jury;

b. All costs of this action;

c. Expenses of litigation pursuant to OCGA 13-6-11;

d. Punitive damages; and

e. Such other and further relief as the Court deems just and proper.

March 8, 2022

Respectfully submitted,

/s/ *Lloyd N. Bell*
Lloyd N. Bell
Georgia Bar No. 048800
Daniel E. Holloway
Georgia Bar No. 658026

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Atlanta, GA 30361
(404) 249-6767 (tel)
bell@BellLawFirm.com
dan@BellLawFirm.com

Attorneys for Plaintiff

IN THE STATE COURT OF COBB COUNTY
STATE OF GEORGIA

Skyla Shepherd,

Plaintiff,

— *versus* —

Grant Taylor, MD,
Wellstar Medical Group, LLC,
Charles Sykes, MD,
Quantum Radiology, PC,
Raja Shekhar R. Sappati-Biyyani, MD,
Gastrointestinal Specialists of Georgia, PC,
Jose Andujar, MD,
Quatina Rivers-Fleming, NP,
Arif A. Aziz, MD,
Jeffrey L. Kim, MD,
Joseph Redcross, II, DO,
Barbara Tanner-Torres, NP,
Kennestone Hospital, Inc.,
Wellstar Health System, Inc.,
and
John/Jane Doe 1-10,

Defendants

CIVIL ACTION

FILE NO. _____

JURY TRIAL DEMANDED

AFFIDAVIT OF PAMELA H. LEE

Personally appeared before the undersigned officer duly authorized to administer oaths, Pamela H. Lee, who, after having been duly sworn, deposes and states the following:

1.

I am over eighteen (18) years old and under no disability to make this affidavit. This affidavit is based upon my personal knowledge.

2.

I am a paralegal employed at the Bell Law Firm, 1201 Peachtree Street, N.E., Suite 2000, Atlanta, Georgia 30361. I have been a paralegal for over thirty (30) years.

3.

This Affidavit is given in support of Plaintiff's Complaint for Damages filed pursuant to O.C.G.A. § 9-2-61(a) and the payment of court costs required pursuant to O.C.G.A. § 9-11-41(d) for the previously dismissed action styled *Skyla Shepherd v. Grant Taylor, MD, Wellstar Medical Group, LLC, Charles Sykes, MD, Quantum Radiology, PC, Raja Shekhar R. Sappati-Biyyani, MD, Gastrointestinal Specialists of Georgia, PC, Jose Andujar, MD, Quatina Rivers-Fleming, NP, Arif A. Aziz, MD, Jeffrey L. Kim, MD, Joseph Redcross, II, DO, Barbara Tanner-Torres, NP, Kennestone Hospital, Inc., and Wellstar Health System, Inc.* State Court of Fulton County, Civil Action No. 2022 EV001394 (hereinafter "Previously Dismissed Action").

4.

On March 3, 2022, I efiled the Complaint for Damages, Summons for each Defendant and the Case Initiation Form via Odyssey eFileGA. Attached is the

envelope receipt generated via Odyssey eFileGA showing that all costs have been paid by Plaintiff in the Previously Dismissed Action. A copy of the envelope receipt with Fees, is attached hereto as Exhibit 1.

5.

I have made a good faith effort to ascertain, and if applicable, pay all costs of the Previously Dismissed Action. There are no known costs outstanding.

FURTHER AFFIANT SAYETH NOT.

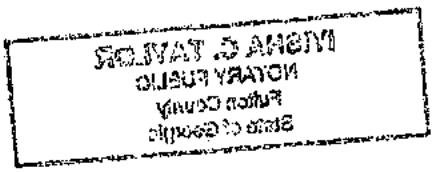
Pamela Hazeth Lee
PAMELA H. LEE

NOTARY PUBLIC
Sworn to and subscribed before me
this the 8th day of March, 2022.

IYISHA C. TAYLOR
NOTARY PUBLIC
Fulton County
State of Georgia

My commission expires:

[NOTARIAL SEAL]


IVSNA C. TAYLOR
NOTARY PUBLIC
Fulton County
State of Georgia

Case # 22EV001394 - Skyla ShepherdVS.Grant Taylor, MD ,Wellstar Medical...

Envelope Information

Envelope Id
9281264

Submitted Date
3/3/2022 5:06 PM EST

Submitted User Name
Bell@Bellawfirm.com

Case Information

Location
Fulton State Court (sub)

Category
Civil

Case Type
Tort - Other

Case Initiation Date
3/3/2022

Case #
22EV001394

Assigned to Judge
Morrison, Jane

Filings

Filing Type
EFile

Filing Code
Complaint (Initial Filing)

Filing Description
Shepherd Complaint for Damages

Client Reference Number
Shepherd

Filing Status
Accepted

Accepted Date
3/4/2022 3:02 PM EST

Lead Document

File Name	Description	Security	Download
2022-03-03 Shepherd Complaint for Damages.pdf	2022-03-03 Shepherd Complaint for Damages.pdf	Public	Original File Court Copy

Filing Type
EFile

Filing Code
Summons (Initial Filing)

Filing Description
Summons for Defendant Taylor, MD

Client Reference Number
Shepherd

Filing Status
Accepted

Accepted Date
3/4/2022 3:02 PM EST

Lead Document

File Name	Description	Security	Download
Summons - Taylor MD.pdf	Summons - Taylor MD.pdf	Public	Original File Court Copy

Filing Type
EFile

Filing Code
Summons (Initial Filing)

Filing Description
Summons for Defendant for Wellstar Medical Group

Client Reference Number
Shepherd

Filing Status
Accepted

Accepted Date
3/4/2022 3:02 PM EST

Lead Document

File Name	Description	Security	Download
Summons - Wellstar Medical Group.pdf	Summons - Wellstar Medical Group.pdf	Public	Original File Court Copy

Filing Type
EFile

Filing Code
Summons (Initial Filing)

Filing Description
Summons for Defendant Sykes MD

Client Reference Number
Shepherd

Filing Status
Accepted

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Lead Document

File Name	Description	Security	Download
Summons - Sykes MD.pdf	Summons - Sykes MD.pdf	Public	Original File Court Copy

Filing Type
EFile

Filing Code
Summons (Initial Filing)

Filing Description
Summons for Defendant Quantum Radiology PC

Client Reference Number
Shepherd

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Accepted

Accepted Date
3/4/2022 3:02 PM EST

Lead Document

File Name	Description	Security	Download
Summons - Quantum Radiology.pdf	Summons - Quantum Radiology.pdf	Public	Original File Court Copy

Filing Type
EFile

Filing Code
Summons (Initial Filing)

Filing Description
Summons for Defendant Sappati-Biyyani MD

Client Reference Number
Shepherd

Filing Status
Accepted

Accepted Date
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Lead Document

File Name	Description	Security	Download
Summons - Sappati-Biyyani MD.pdf	Summons - Sappati-Biyyani MD.pdf	Public	Original File Court Copy

Filing Type
EFile

Filing Code
Summons (Initial Filing)

Filing Description
Summons for Defendant Gastrointestinal Specialists of Georgia PC

Client Reference Number
Shepherd

Filing Status
Accepted

Accepted Date
3/4/2022 3:02 PM EST

Lead Document

File Name	Description	Security	Download
Summons - Gastrointestinal Specialists of GA.p...	Summons - Gastrointestinal Specialists of GA.pdf	Public	Original File Court Copy

Filing Type
EFile

Filing Code
Summons (Initial Filing)

Filing Description
Summons for Defendant Andujar MD

Client Reference Number
Shepherd

Filing Status
Accepted

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File Name	Description	Security	Download
Summons - Andujar MD.pdf	Summons - Andujar MD.pdf	Public	Original File Court Copy

Filing Type
EFile

Filing Code
Summons (Initial Filing)

Filing Description
Summons for Defendant Rivers-Fleming NP

Client Reference Number
Shepherd

Filing Status
Accepted

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File Name	Description	Security	Download
Summons - Rivers-Fleming NP.pdf	Summons - Rivers-Fleming NP.pdf	Public	Original File Court Copy

Filing Type
EFile

Filing Code
Summons (Initial Filing)

Filing Description
Summons for Defendant Aziz MD

Client Reference Number
Shepherd

Filing Status
Accepted

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Lead Document

File Name	Description	Security	Download
Summons - Aziz MD.pdf	Summons - Aziz MD.pdf	Public	Original File Court Copy

Filing Type
EFile

Filing Code
Summons (Initial Filing)

Filing Description
Summons for Defendant Kim MD

Client Reference Number
Shepherd

Filing Status
Accepted

Accepted Date
3/4/2022 3:02 PM EST

Lead Document

File Name	Description	Security	Download
Summons - Kim MD.pdf	Summons - Kim MD.pdf	Public	Original File Court Copy

Filing Type
EFile

Filing Code
Summons (Initial Filing)

Filing Description
Summons for Defendant Redcross DO

Client Reference Number
Shepherd

Filing Status
Accepted

Accepted Date
3/4/2022 3:02 PM EST

Lead Document

File Name	Description	Security	Download
Summons - Redcross DO.pdf	Summons - Redcross DO.pdf	Public	Original File Court Copy

Filing Type
EFile

Filing Code
Summons (Initial Filing)

Filing Description

Summons for Defendant Tanner-Torres NP

Client Reference Number
Shepherd

Filing Status
Accepted

Accepted Date
3/4/2022 3:02 PM EST

Lead Document

File Name	Description	Security	Download
Summons - Tanner-Torres NP.pdf	Summons - Tanner-Torres NP.pdf	Public	Original File Court Copy

Filing Type
EFile

Filing Code
Summons (Initial Filing)

Filing Description
Summons for Defendant Kennestone Hospital Inc.

Client Reference Number
Shepherd

Filing Status
Accepted

Accepted Date
3/4/2022 3:02 PM EST

Lead Document

File Name	Description	Security	Download
Summons - Kennestone Hospital.pdf	Summons - Kennestone Hospital.pdf	Public	Original File Court Copy

Filing Type
EFile

Filing Code
Summons (Initial Filing)

Filing Description
Summons for Defendant Wellstar Health System, Inc

Client Reference Number
Shepherd

Filing Status
Accepted

Accepted Date
3/4/2022 3:02 PM EST

Lead Document

File Name	Description	Security	Download
Summons - Wellstar Health System.pdf	Summons - Wellstar Health System.pdf		Original File Court Copy

Filing Type
EFile

Filing Code
Case Initiation Form (Initial Filing)

Filing Description
Civil Case Filing Form

Client Reference Number
Shepherd

Filing Status
Accepted

Accepted Date
3/4/2022 3:02 PM EST

Lead Document

File Name	Description	Security	Download
Civil Case Filing Information form.pdf	Civil Case Filing Information form.pdf	Public	Original File Court Copy

Fees

Complaint (Initial Filing)

Description	Amount
Filing Fee	$0.00

Filing Total: $0.00

Summons (Initial Filing)

Description	Amount
Filing Fee	$0.00

Filing Total: $0.00

Summons (Initial Filing)

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Summons (Initial Filing)

Description	Amount
Filing Fee	$0.00
	Filing Total: $0.00

Summons (Initial Filing)

Description	Amount
Filing Fee	$0.00
	Filing Total: $0.00

Case Initiation Form (Initial Filing)

Description	Amount
Filing Fee	$0.00
	Filing Total: $0.00

Total Filing Fee	$0.00
Court Case Fee	$214.00
Payment Service Fee	$10.14
E-File Fee	$25.00
Party Fee: DEFENDANT (14 x $8.00)	$112.00
	Envelope Total: $361.14

Transaction Amount	$361.14		
Transaction Id	12121919		
Filing Attorney	Lloyd Bell	**Order Id**	009281264-1
Transaction Response	Payment Complete		

STATE COURT OF COBB COUNTY
STATE OF GEORGIA

SKYLA SHEPHERD, PLAINTIFF, — *VERSUS* — GRANT TAYLOR, MD, WELLSTAR MEDICAL GROUP, LLC, CHARLES SYKES, MD, QUANTUM RADIOLOGY, PC, RAJA SHEKHAR R. SAPPATI-BIYYANI, MD, GASTROINTESTINAL SPECIALISTS OF GEORGIA, PC, JOSE ANDUJAR, MD, QUATINA RIVERS-FLEMING, NP, ARIF A. AZIZ, MD, JEFFREY L. KIM, MD, JOSEPH REDCROSS, II, DO, BARBARA TANNER-TORRES, NP, KENNESTONE HOSPITAL, INC., WELLSTAR HEALTH SYSTEM, INC., AND JOHN/JANE DOE 1-10, DEFENDANTS	CIVIL ACTION FILE NO. _____ JURY TRIAL DEMANDED

AFFIDAVIT OF SARAH S. COOPER

Personally appeared before the undersigned officer duly authorized to administer oaths, Sarah S. Cooper, who, after having been duly sworn, deposes and states the following:

1.

I am over eighteen (18) years old and under no disability to make this affidavit. This affidavit is based upon my personal knowledge.

2.

I am a paralegal employed at the Bell Law Firm, 1201 Peachtree Street, N.E., Suite 2000, Atlanta, Georgia 30361.

3.

This Affidavit is given in support of Plaintiff's Complaint for Damages filed pursuant to O.C.G.A. § 9-2-61(a) and the payment of court costs required pursuant to O.C.G.A. § 9-11-41(d) for the previously dismissed action styled *Skyla Shepherd v. Grant Taylor, MD, Wellstar Medical Group, LLC, Charles Sykes, MD, Quantum Radiology, PC, Raja Shekhar R. Sappati-Biyyani, MD, Gastrointestinal Specialists of Georgia, PC, Jose Andujar, MD, Quatina Rivers-Fleming, NP, Arif A. Aziz, MD, Jeffrey L. Kim, MD, Joseph Redcross, II, DO, Barbara Tanner-Torres, NP, Kennestone Hospital, Inc., and Wellstar Health System, Inc.* in the State Court of Fulton County, Civil Action No. 2022 EV001394 (hereinafter "Previously Dismissed Action").

4.

On March 7, 2022, at approximately 12:35 p.m., I presented to the office of the Clerk of Court of the State Court of Fulton County, located at the address 185 Central Ave SW, Atlanta, GA 30303. I summarize the conversation as follows:

I spoke with the Clerk, requesting, in reference to the Previously Dismissed Action, a certificate or statement of all costs paid. I was told by the Clerk that this type of certificate was not available to be conferred.

I asked the Clerk if I may have a copy of the receipt of payment of costs paid in reference to the Previously Dismissed Action. I was told by the Clerk that a copy of the receipt was not available to be conferred, and that in addition such receipt was exclusively "user-facing" and not available to the Clerk of Court to provide.

I asked the Clerk if she may provide verbal confirmation that there were no outstanding fees or costs, and the Clerk denied the capacity confer such information. Then, the Clerk stated that the filing necessitated that costs had been paid, and that therefore the filing itself was evidence of costs paid.

5.

I have made a good faith effort to ascertain, and if applicable, pay all costs of the Previously Dismissed Action. There are no known costs outstanding.

FURTHER AFFIANT SAYETH NOT.

Sarah S. Cooper

SARAH S. COOPER

Pamela Haidt Lee

NOTARY PUBLIC

Sworn to and subscribed before me
this the 8th day of March, 2022.

My commission expires:

[NOTARIAL SEAL]

Affidavit of Peter M. Mowschenson, MD regarding Skyla Britt (now Skyla Shepherd)

PERSONALLY APPEARS before the undersigned authority, duly authorized to administer oaths, comes Peter M. Mowschenson, MD, who after first being duly sworn, states as follows:

Introduction

1. I have been asked to provide this affidavit for the limited purpose of Georgia statute OCGA § 9-11-9.1.

2. This affidavit addresses specific matters that Plaintiff's counsel have asked me to address. I have not attempted to address all potential issues or to state every opinion I have.

3. I use the term "standard of care" to refer to that degree of care and skill ordinarily exercised by members of the medical profession generally under the same or similar circumstances and like surrounding conditions as pertained to the medical providers I discuss here.

4. As to the matters this affidavit addresses, I have tried to give a reasonably detailed explanation, but I have not attempted an exhaustive discussion. In deposition or trial testimony, I may elaborate with additional details. While I cite evidence from the medical records for various case-specific facts, I do not necessarily cite all the evidence for a given point.

5. I hold all the opinions expressed below to a reasonable degree of medical certainty — that is, more likely than not.

6. If additional information becomes available later, my views may change.

Exhibit 3

7. I understand that Plaintiff's counsel will provide this affidavit to the Defendants, and that their insurance company will hire lawyers and medical experts to review this case and to review this affidavit. If anyone on the Defense team believes I have not been given, or have overlooked or misconstrued, any relevant information, I invite the Defense to communicate with me by letter, copied to Plaintiff's counsel. The Defense need not wait to take my deposition to communicate with me. I will consider any information the Defense wishes to bring to my attention by letter. If appropriate, I will then provide a supplemental affidavit.

8. In the Discussion below, recitation of facts are presented in normal type. My comments on the facts are presented in italics and blue type.

Qualifications

9. I am more than 18 years old, suffer from no legal disabilities, and give this affidavit based upon my own personal knowledge and belief.

10. I do not recite my full qualifications here. I recite them only to the extent necessary to establish my qualifications for purposes of expert testimony under OCGA 24-7-702. However, my Curriculum Vitae is attached hereto as Exhibit "A." My CV provides further detail about my qualifications. I incorporate and rely on that additional information here.

11. The events at issue here occurred in 2020.

12. I am qualified to provide expert testimony pursuant to OCGA 24-7-702. That is:

a. In 2020, I was licensed by an appropriate regulatory agency to practice my profession in the state in which I was practicing or teaching in the profession.

Specifically, I was licensed by the State of Massachusetts to practice as a physician, and I did practice medicine there.

b. In 2020, I had actual professional knowledge and experience in the area of practice or specialty which my opinions relate to — specifically, the tasks identified above on which I offer standard-of-care opinions.

I had this knowledge and experience as the result of having been regularly engaged in the active practice of the foregoing areas of specialty of my profession for at least three of the five years prior to 2020, with sufficient frequency to establish an appropriate level of knowledge of the matter my opinions address.

Specifically, I am a general surgeon in active clinical practice, board certified, and experienced with laparoscopic cholecystectomy and dealing with associated complications.

13. I have been asked to review the records of Skyla Britt DOB 1/20/1998 relative to a laparoscopic cholecystectomy performed by Dr. Grant Taylor.

14. I offer my opinion to a reasonable degree of medical certainty.

Evidence Considered

15. I have reviewed the following documents:

- Wellstar Facilities Records 1939 pages
- Dr. Fox of Atlanta Gastroenterology.pdf
- Emory Midtown.pdf
- GI Specialists of Georgia recs.pdf
- Piedmont Atlanta records.pdf
- Tanner Medical Center Records.pdf

16. I invite the Defense to send me any evidentiary materials or commentary they believe may help to exonerate any Defendant.

Mini Chronology

17. The discussion below addresses Skyla Britt's medical history in some detail. Here, for ease of reference, I identify a handful of events and their dates:

- January 14, 2020 — office visit with OB/GYN for pelvic pain (WSa 2)
- January 28, 2020 — ultrasound of gallbladder (WSa 91)
- February 2, 2020 — office visit with gastroenterologist for abdominal pain (WSa 279)
- February 28, 2020 — HIDA scan (WSa 179)
- March 3, 2020 — office visit with general surgeon Dr. Grant Taylor (WSa 185)
- March 19, 2020 — cholecystectomy by Dr. Taylor (WSa 206)
- March 24, 2020 — office visit with Dr. Taylor (WSa 281)
- March 24, 2020 — HIDA scan (WSa 296)
- March 28 – 31, 2020 — ED admission at Wellstar Douglas. Bile leak confirmed, source not identified. MRI with EOVIST planned but not performed. Stent and drain placed. (WSa 310 (ED arrival))
- April 6 – 8, 2020 — ED admission at Wellstar Kennestone. Stent replaced and sphincterectomy extended. Source of leak not identified. (WSa 713 (ED arrival))
- April 10 – 16, 2020 — ED admission at Emory Midtown, and transfer to Wellstar Kennestone. Source of leak identified by MRCP with EOVIST. Hepatobiliary specialist Dr. Sahir Shroff consulted. (WSa 922 (Kennestone ED arrival))
- May 5 – 9, 2020 — Reconstructive surgery by Dr. Shroff (WSa 1525)

Discussion

Before Dr. Taylor

18. On January 28, 2020, Skyla Britt visits her gynecologist at South Cobb GYN, Milele B Francis, MD, for right-sided abdominal pain. Investigations included pelvic ultrasound and no cause was found so patient was referred for a GI consult (WSa 29).

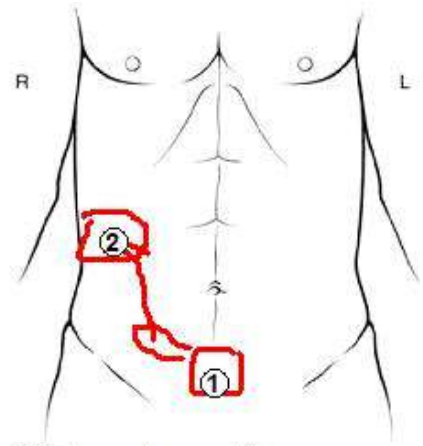
19. The pain is located in the right lower quadrant, radiating to right upper quadrant and suprapubic area. The pain is associated with nausea but Skyla Britt denies vomiting, belching, or constipation. The pain is somewhat positional.

- WSa 29

Abdominal Pain
This is a new problem. The current episode started more than 1 month ago. The onset quality is gradual. The problem occurs constantly. The most recent episode lasted 2 months. The problem has been gradually worsening. The pain is located in the RLQ, RUQ and suprapubic region. The pain is at a severity of 6/10. The pain is moderate. The quality of the pain is aching and sharp. The abdominal pain radiates to the RUQ (starts in RLQ and radiates up to outer RUQ). Associated symptoms include nausea. Pertinent negatives include no anorexia, arthralgias, belching, constipation, diarrhea, dysuria, fever, flatus, frequency, headaches, hematochezia, hematuria, melena, myalgias, vomiting or weight loss. The pain is aggravated by certain positions. The pain is relieved by certain positions. She has tried nothing for the symptoms. The treatment provided no relief. Prior diagnostic workup includes ultrasound (transvaginal U/S was done at OBGYN =negative for abnormalities). There is no history of abdominal surgery, colon cancer, Crohn's disease, gallstones, GERD, irritable bowel syndrome, pancreatitis, PUD or ulcerative colitis. recent vaginal childbirth without complications

- WSa 31

Abdominal: Soft. Normal appearance. Bowel sounds are not absent. There is tenderness in the right upper quadrant, right lower quadrant and suprapubic area. There is rebound, CVA tenderness, tenderness at McBurney's point and positive Murphy's sign. There is no rigidity.



1: Tenderness to suprapubic area upon palpation
2: Tenderness and pain reports upon palpation

20. An abdominal CT is ordered along with GYN and GI follow up.

- WSa 33

Plan:
POCT UA= + trace blood + trace leukocytes
Will send urine for culture
Will start on Macrobid BID x 7 days
CT scan ordered Stat abd/pelvis
Labs: CBC, BMP
Will call with results and further orders and plan
Follow up with OBGYN as scheduled 1/30/2020
Follow up with GI specialists as scheduled unless medically necessary depending on results of CT scan
Advised to go to ED if sudden, severe abdominal pain, fever, n/v.

21. The findings are not typical for gallstones. The patient had tenderness in the right upper and lower quadrants. Right upper quadrant tenderness may be seen with an inflamed gallbladder, and if that was the case an ultrasound would show an inflamed, distended gallbladder.

22. On 1/28/2020, a CT scan is performed.

- WSa 67

CT abdomen pelvis without contrast [870795622] Resulted: 01/28/20 1725, Result status: Final result

Order status: Completed
Filed by: Interface, Rad Powerscribe 01/28/20 1726
Accession number: 32354420
Narrative:
EXAM: DH CT ABDOMEN/PELVIS W/O IV CONTRAST

Resulted by: Anjani P Naidu, MD
Performed: 01/28/20 1636 - 01/28/20 1648

...

FINDINGS:

There is limited evaluation of the solid organs and vascular structures without intravenous contrast.

There are centrilobular nodules in a tree-in-bud configuration in the left lower lobe, concerning for an infectious/inflammatory process.

The liver, pancreas, spleen, and adrenal glands show no acute abnormality. The gallbladder is surgically absent. No obstructive uropathy. No nephrolithiasis.

There is suboptimal assessment of the gastrointestinal tract without oral contrast. No dilated fluid-filled small bowel loops to suggest an obstructive process. The appendix is normal in appearance.

No pelvic free fluid. Abdominal and pelvic vasculature appear normal. Vessel patency is not evaluated on this noncontrast CT. No pathologically enlarged lymph nodes.

23. The problem with this CT scan is that no contrast was used. If the gallbladder is empty at the time of a non-contrast CT it may not be seen. A CT with contrast is needed.

24. On 1/28/2020, an ultrasound is done.

- WSa 91

US Gallbladder [870795629] Resulted: 01/28/20 2131, Result status: Final result

Ordering provider: Lawrence D Segal, DO 01/28/20 2007
Resulted by: Asad A Hayat, MD
Performed: 01/28/20 2021 - 01/28/20 2052
Narrative:

Order status: Completed
Filed by: Interface, Rad Powerscribe 01/28/20 2132
Accession number: 32355341

EXAM: DH US GALLBLADDER

CLINICAL INDICATION: Abdom pain .

TECHNIQUE: Transverse and longitudinal sonograms are obtained of the right upper quadrant.

COMPARISON: CT from same day

FINDINGS:
PANCREAS: The pancreas is unremarkable to the extent visualized with the distal aspect obscured by bowel gas.

AORTA: The aorta is unremarkable.

IVC: Visualized aspects of the IVC are unremarkable.

Liver: The liver is normal in size, contour, and echogenicity. There is no solid mass nor ascites. The liver measures 4 cm. The portal vein size is unremarkable.

Right kidney: 11.7 cm. The renal echogenicity and size are normal. There is no calculus or mass seen.

Gallbladder: There is no gallstone or gallbladder wall thickening. There is a negative sonographic Murphy's sign. Common bile duct diameter is normal. The common bile duct measures 2 mm diameter.

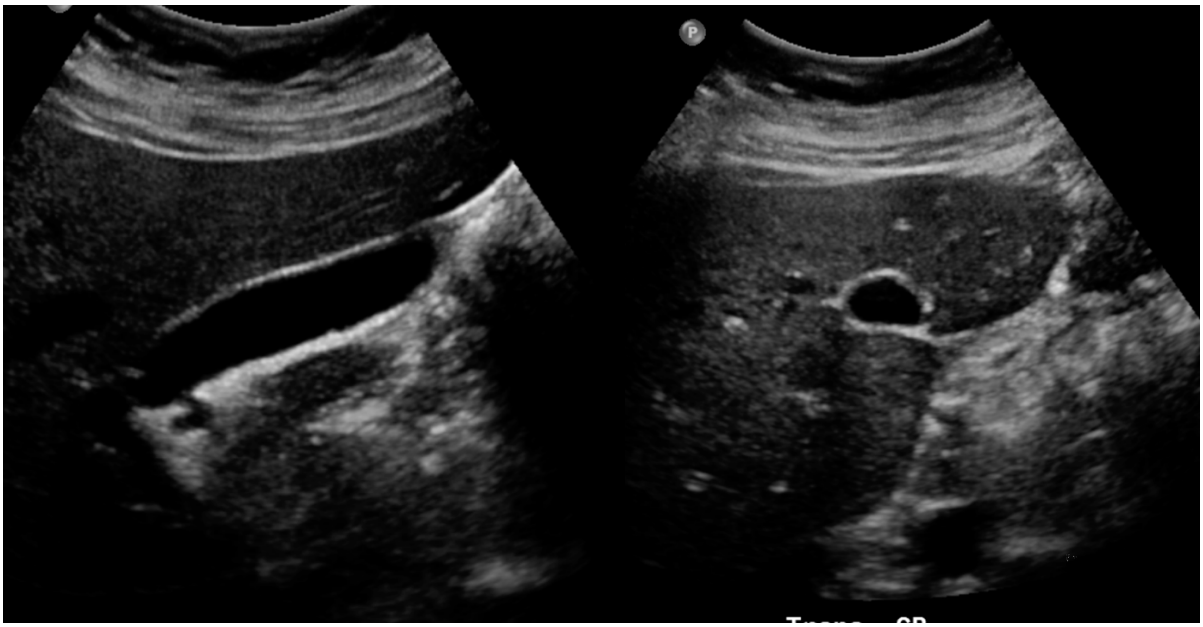
Impression:

Unremarkable right upper quadrant ultrasound.

Released By: ASAD HAYAT, MD 1/28/2020 9:31 PM

25. There is no evidence of gallbladder disease.

26. I have reviewed the CT and the ultrasound.



Ultrasound of Skyla Britt: longitudinal view gallbladder *Ultrasound of Skyla Britt: Transverse view Gallbladder*

27. The CT scan was without contrast and did not show a gallbladder. However, we know that Skyla Britt had not had a prior cholecystectomy, and the gallbladder was visible on the subsequent ultrasound.

28. The appearance of the gallbladder shows a normal gallbladder with no wall thickening and no stones or gravel. However, the most important finding is that the ultrasound shows the only the tip or fundus of the gallbladder is out of the liver. As Dr. Grant Taylor reported in his operative note, 80% of the gallbladder is intrahepatic.

29. I have personally performed a few hundred laparoscopic cholecystectomies. If I was asked to see a patient whose gallbladder was 80% intrahepatic, and I believed it was the cause of the patient's symptoms based on positive evidence of a good history, and imaging, showing signs of inflammation such as a thickened gallbladder wall or gallstones, I would refer the patient to a hepatobiliary surgeon for the procedure. Intrahepatic gallbladder is a rare condition and is known to be more difficult than the average gallbladder to remove.

30. The decision to recommend laparoscopic cholecystectomy was erroneous in my opinion as will be discussed further as the facts taken from the record unfold.

31. On 1/28/2020 Skyla had a hepatic function panel and a test of lipase values.

- WSa 88

Hepatic Function Panel [870795632] Resulted: 01/28/20 2053, Result status: Final result

Ordering provider: Lawrence D Segal, DO 01/28/20 2018
Filed by: Interface, Lab In Sunquest 01/28/20 2053
Resulting lab: WS DOUGLAS HOSPITAL LAB

Order status: Completed
Collected by: 48576 01/28/20 1539

Components

Component	Value	Reference Range	Flag	Lab
ALBUMIN,S	4.0	3.5 - 5.2 g/dL	—	DHLAB
BILIRUBIN, TOTAL	<0.2	0.0 - 1.2 mg/dL	—	DHLAB
Bilirubin,Direct	<0.1	0.0 - 0.3 mg/dL	—	DHLAB
ALKALINE PHOS	68	35 - 104 IU/L	—	DHLAB
AST (SGOT)	11	0 - 32 IU/L	—	DHLAB
ALT (SGPT)	10	0 - 33 IU/L	—	DHLAB
PROTEIN,TOTAL	7.8	6.4 - 8.3 g/dL	—	DHLAB

- WSa 89

Components

Component	Value	Reference Range	Flag	Lab
Lipase	13	13 - 60 U/L	—	DHLAB

32. Liver function tests are all normal. Lipase are normal. This is more evidence that gallbladder and pancreas are not the cause of her abdominal pain.

33. On 2/28/2020 Skyla has a nuclear medicine scan of her gallbladder with ejection fraction.

- WSa 179

NM Hepatobiliary Scan With Gallbladder Ejection/Drug [870795645] Resulted: 02/28/20 1112, Result status: Final result

Order status: Completed
Filed by: Interface, Rad Powerscribe 02/28/20 1113
Accession number: 32457013
Narrative:

Resulted by: Brian M Gordon, MD
Performed: 02/28/20 0843 - 02/28/20 1018

EXAM: Nuclear medicine gallbladder emptying study with Drug

CLINICAL INDICATION: R10.11 (Right upper quadrant pain)

TECHNIQUE: Multiple images of the right upper quadrant were obtained following the administration of Choletec 6.4 mCi and cholecystokinin 1.5 micrograms intravenously.

COMPARISON: Gallbladder ultrasound exam 1/28/2020

FINDINGS: The gallbladder ejection fraction is calculated as 77.5 %. Normal value is greater than 35%.
There is normal uptake of radiotracer by the liver with demonstration of gallbladder as well as common bile duct and small bowel activity.

Impression:

. .

No scintigraphic evidence of delayed gallbladder emptying.

Released By: BRIAN M GORDON, MD 2/28/2020 11:12 AM

34. *At this point we have no evidence from the imaging or the chemistries to support a diagnosis of gallbladder disease as the cause of Skyla Britt's abdominal pain. Additionally, the history is not typical for gallstones.*

35. On 2/18/2020 Skyla has a gastroenterology consultation with Subodh Lai, MD of GI Specialists of Georgia. Dr. Lai takes a history as follows.

- GIS 12

02/18/2020 **Progress Notes: Kendra D Jones**

Current Medications
Taking
- Zoloft
- Birth Control
- Adipex-P
- Medication List reviewed and reconciled with the patient

Past Medical History
Obesity .

Surgical History
Wisdom teeth extraction

Family History
Father: alive, diagnosed with Unknown or negative family history
Mother: alive, Unknown or negative family history
Children: alive, Unknown or negative family history
1 son(s) .

Social History
Alcohol Use
Did you have a drink containing alcohol in the past year? *No*
Points *0*
Interpretation *Negative*
Smoking
Are you a: *former smoker*
How long has it been since you last smoked? *1-5 years*
quit smoking in 2017.

Allergies
Ceftin

Hospitalization/Major Diagnostic Procedure
child birth 9/2019

Review of Systems
Dental:
oral ulcers yes. hoarseness yes.
ENT/Respiratory:
shortness of breath yes. nose bleeds yes.
Endocrinology:
weight loss yes. excessive thirst yes.
Genitourinary female:
heavy vaginal bleeding yes. abnormal discharge yes. pelvic pain yes. blood in urine yes. heavy periods yes.
Musculoskeletal:
low back pain yes.

Reason for Appointment
1. Rt side Abd Pain

Assessments
1. RUQ abdominal pain - R10.11 (Primary), Chronic pain not related to eating or bowel habits. Unremarkable pelvic and gallbladder US. No acute process on noncontrast CT. Pain not associated with any other symptoms. Low yield for GI etiology. Will empirically treat with Bentyl. If not improvement, will try PPI

Treatment
1. RUQ abdominal pain
Start Dicyclomine HCl Tablet, 20 MG, 1 tablet, Orally, Three times a day prn, 30 day(s), 90, Refills 1
IMAGING: CCK Hida scan
Notes: Abdominal Pain: Care Instructions material was printed.

Follow Up
6 weeks

History of Present Illness
General:
This is a 22 year old female presenting in consultation from Dr. Milele Francis for evaluation of right sided abdominal pain.
Pain began in November 2019, is located in the RUQ but radiates in the LUQ and RLQ, occurs daily, is described as a constant throbbing, is not related to bowel habits/eating/physcial activity. Since pain started, she has also been experiencing heavy menstrual bleeding which has not stopped since 11/2019, but the two do not seem related to the patient. She has tried taking Ibuprofen and Tylenol, but these medications did not change the quality of her pain.
She denies reflux, dysphagia, nausea, vomiting, unintentional weight loss, constipation, diarrhea, hematochezia, or melena.
Labs checked on 1/28/20 revealed WBC 10.65 (chronic leukocytosis) but o/w normal CBC, lipase, hepatic function, urine culture, and BMP. She has also had a pelvic ultrasound, CT A/P w/o contrast, gallbladder ultrasound which have only shown possible infectious vs inflammatory process in the lungs (s/p pulm eval).
She has never had an EGD or colonoscopy.

Vital Signs
blood pressure 120/80 mm Hg, weight 173.2 lbs, height 5'1", BMI 32.72.

Examination
General examination:
General appearance: healthy appearing young female in no acute distress,

Dermatology:
itching yes.
Neurology:
headache yes. fainting/dizziness yes.
Psychiatric:
sleep disturbances yes.
A comprehensive ROS performed, any positives noted above, all other systems negative. Data collection sheet reviewed.

pleasant, well-built, well nourished.
Skin: anicteric, dry, warm.
HEENT: Head: atraumatic, Head: normocephalic, Sclera: anicteric, Oral cavity: no lesions seen.
Lungs: Breath sounds: normal, clear to auscultation bilaterally.
Heart: regular rate and rhythm, normal S1S2.
Abdomen: soft. RUQ/LUQ/RLQ tenderness. non-distended, bowel sounds normoactive, no guarding.
Rectal exam exam deferred.
Extremities no clubbing, no edema, no muscle tenderness.
Neurological: alert and oriented x3, no focal deficits.

Procedure Codes
G9903 Pt scrn tbco id as non user

Electronically signed by Subodh Lal MD, MD on 02/18/2020 at 04:52 PM EST

Sign off status: Completed

Addendum:

02/18/2020 04:53 PM Lal, Subodh K > I have personally seen and examined the patient with the mid-level provider. I developed the assessment and plan as above. Patient with a history of chronic leukocytosis, recent delivery of a healthy baby, presents with right upper quadrant pain since November 2019. She describes it as a throbbing pain this intermittent, but it is not related to food. She denies any aspirin or NSAID products. Gallbladder ultrasound and CAT scan were unremarkable. We will proceed with trial of dicyclomine and CCK HIDA scan. If no response, can try PPI and/or proceed with EGD.

36. This is a well taken history, and there is no suggestion here by history or exam of any gallbladder disease.

37. The HIDA scan was ordered to investigate emptying of the gallbladder in case Skyla Britt had a condition known as biliary dyskinesia in which the gallbladder may not have any stones but empties poorly (which turned out not to be the case).

38. It is important to note that this visit antedated the operation and was created on e clinical works software which I believe was scanned to the Wellstar record on 3/24/20, the date of the first postoperative visit. I cannot be certain if Dr. Grant

Taylor had access to this record when he first consulted with Skyla Britt on 3/3/20. However, Dr. Taylor had a duty to take his own history of Skyla.

Dr. Taylor

39. On 3/3/2020, Skyla attends an office visit with Grant Taylor, MD.

- WSa 185, 187

History of Present Illness
Subjective Skyla Tayler Britt is a 22 y.o. female who presents with Chief Complaint of Abdominal Pain (Pt is here for complaint of RUQ pain. Pt states pain started in November but have increased and become more frequent recently. Pt states pain is in her RUQ and travels into her back, chest, and right shoulder at times. Pt states she has constant nausea and some vomiting. Pt states she feels feverish at times and has had of temp 100.3-100.4. Pt denies diarrhea and constipation. Pt was seen in the ED on 1/28/2020. Pt had an US and CT scan done then. Pt had a HIDA scan done on 2/28/2020.)

22-year-old white female referred for evaluation. She had a child approximate 6 months ago. She is currently going through a bitter divorce. For approximately 2 weeks she did not eat. She was also taking phentermine which she has recently stopped. She had significant heartburn and indigestion during her pregnancy but this has resolved. Since November she has been experiencing intermittent right upper quadrant abdominal pain with radiation into her back chest and right shoulder at times. It is associated with nausea and vomiting. She feels that she has a fever during the episodes of pain. She has a bowel movement daily which has formed and sometimes hard. She feels the pain is more constant now. She doesn't believe the pain changes when she eats. She did experience nausea with injection of her CCK.

Abdominal: Soft. Bowel sounds are normal. She exhibits no distension and no mass. There is tenderness **(right upper quadrant)**. There is no rebound and no guarding. Musculoskeletal:
General: No edema.

40. Dr. Taylor formulates the following differential diagnosis: chronic cholecystitis, gastritis, an ulcer, musculoskeletal pain.

- WSa 188

PLAN:
The differential diagnosis would include chronic cholecystitis, gastritis or an ulcer, musculoskeletal pain. This since she is under significant stress I have asked her to start taking her proton pump inhibitor. If the prescription has expired I will refill it for her.
If this does not make her feel better, she would benefit from a laparoscopic cholecystectomy with intraoperative cholangiogram. I told the patient and her mother there is an 80% chance this would make her feel better. The procedure was discussed in detail including the risks benefits and options. Questions were answered and a handout provided. She understands and wishes to consider.
They will see how she does when she starts on the PPI. If she Does not get better they will call back to schedule the surgery.

41. Skyla has a normal gallbladder and liver function tests. Her history of intermittent fever is incompatible with chronic cholecystitis, which would show up on ultrasound as a thickened gallbladder with stones.

42. Dr. Grant Taylor's differential diagnosis lists conditions which could have explained her symptoms, and Dr. Grant Taylor should have held off on the recommendation for laparoscopic cholecystectomy and referred Skyla Britt to a gastroenterologist who would have been able to organize the tests necessary to investigate the symptoms further and possible underlying cause.

43. There was no basis for telling the patient she had an 80% chance of improvement following laparoscopic cholecystectomy.

44. I cannot tell if Dr. Grant Taylor was aware of the prior GI consult because of the scan date. I do not know if Skyla Britt told Dr. Taylor she had been seen by a gastroenterologist. However, there was about two week interval between the consult with Subodh Lai, MD, and the first visit with Dr. Grant Taylor, which is sufficient time for the record to be in the Wellstar record.

45. On 3/19/2020, Skyla has the laparoscopic cholecystectomy.

46. The operative note provides excellent detail and was dictated and signed on the day of surgery.

- WSa 229

FINDINGS:
1. A very intrahepatic gallbladder.
2. Very short cystic duct and cystic artery.

PROCEDURE IN DETAIL: The patient was properly identified. She was taken to the operating room and prepared under general anesthesia. Her anterior abdominal wall was prepared in usual sterile fashion. A supraumbilical incision created. Subcutaneous
tissues dissected. Fascia identified. The fascia was incised and 0 Vicryl suture was placed laterally on both sides. Peritoneum was entered bluntly with a hemostat. Finger sweep revealed no focal adhesions. Blunt trocar was introduced. The abdomen
was insufflated to 15 mm CO2 gas. Camera was introduced. Brief survey of abdomen revealed no gross abnormalities. Three 5 mm trocars were introduced in the right subcostal margin through stab wound in skin under direct vision.

The liver edge was
retracted. The gallbladder was identified. It was 80% intrahepatic. At this point, it was grasped, retracted anteriorly and superiorly. The dissection of the gallbladder cystic duct junction and cystic artery was somewhat difficult due to the
intrahepatic location of the gallbladder. However, I was able to perform the dissection. She had a very short cystic duct and a very short cystic artery. Both the right hepatic artery and the common bile duct and common hepatic duct were identified.
At this point, I clipped the cystic artery twice proximally, once distally, and divided it. I then clipped the cystic duct once distally. I partially transected it. It was very small. I attempted to dilate it, but it was very short. I tried multiple
times to cannulate it with a cholangiocatheter without success. At this point, due to the fact that it was so short and I did not wish to cut it open

any further and cut down on to the bile duct, I opted to clip it twice proximally and transect it and
did not perform a cholangiogram. The patient had a small lateral artery. This was also clipped twice proximally, once distally and divided. The gallbladder was then removed from the gallbladder bed with use of electrocautery. It was again somewhat
difficult due to its intrahepatic location. However, I had good visualization during the entire procedure. I was able to remove the gallbladder. It was placed in a specimen bag and removed from the supraumbilical incision. The liver bed was

inspected. It was noted that good hemostasis had been achieved and that there were no bile leaks. The right upper quadrant was then irrigated with copious amounts of saline and the irrigant return was clear. At this point, all ports were removed under
direct vision. There was no bleeding noted. The fascia in the supraumbilical incision was approximated with interrupted 0 Vicryl. The wounds were irrigated. Skin closed with subcuticular 4-0 Monocryl. The wounds were dressed with Band-Aids.
Patient tolerated the entire procedure well and she was transferred to recovery room in stable condition.

47. The pathology report is resulted on 3/23. *I have extracted the important statements, below, from the operative note and pathology report.*

- WSa 229-30

  COMPLICATIONS: None.

  FINDINGS:

  1. A very intrahepatic gallbladder.

2. Very short cystic duct and cystic artery

PROCEDURE IN DETAIL

POSTOPERATIVE DIAGNOSIS: Symptomatic chronic cholecystitis

The liver edge was retracted. The gallbladder was identified. It was **80% intrahepatic**. At this point, it was grasped, retracted anteriorly and superiorly.

The dissection of the gallbladder cystic duct junction and cystic artery was **somewhat difficult** due to the intrahepatic location of the gallbladder. However, I was able to perform the dissection. She had a very short cystic duct and a very short cystic artery. **Both the right hepatic artery and the common bile duct and common hepatic duct were identified**. At this point, I clipped the cystic artery twice proximally, once distally, and divided it. I then clipped the cystic duct once distally. I partially transected it. It was very small. I attempted to dilate it, but it was very short. I tried multiple times to cannulate it with a cholangiocatheter without success. At this point, due to the fact that it was so short and I did not wish to cut it open any further and cut down on to the bile duct, I opted to clip it twice proximally and transect it and did not perform a cholangiogram. The patient had a small lateral artery. This was also clipped twice proximally, once distally and divided.

The gallbladder was then removed from the gallbladder bed with use of electrocautery. It was again somewhat difficult due to its intrahepatic location. However, I had good visualization during the entire procedure. I was able to remove the gallbladder. It was placed in a specimen bag and removed from the supraumbilical incision. The liver bed was inspected. It was noted that good hemostasis had been achieved and that there were no bile leaks.

- WSa 231-32

  P232 Gross pathology

The specimen is received in formalin labeled "gallbladder." It consists of an intact dark purple gallbladder measuring 6.5 cm in length x 0.3 to 2.9 cm in diameter. The cystic duct appears patent. The gallbladder contains approximately 30 mL dark green and thick bile. **No stone** is identified. The mucosa is dark green bile stained and velvety. **The wall is 1 mm**. Representative sections are submitted in 1A. ZC/sa 3/20/20

P233 Final Diagnosis **Mild Chronic Cholecystitis**

48. Dr. Grant Taylor found a very (80%) intrahepatic gallbladder. At this point Dr. Grant Taylor could have reassessed the situation and simply aborted the operation, or called for a hepato bilary surgeon, if one was available. However, there is no mention that he had any second thoughts about performing the operation. His diagnosis was chronic cholecystitis without any evidence.

49. Having embarked on this operation which was likely to be more difficult than the average laparoscopic cholecystectomy, Dr. Taylor was obliged to perform the procedure safely.

50. Dr. Taylor's identification of the cystic artery and cystic duct were erroneous. There is no mention of a 'critical view' being obtained. This is regarded as a most effective method of avoiding injury to the hepatic ducts, common bile duct, portal vein or hepatic arteries, and is widely advocated by laparoscopic surgeons to minimize bile duct injury.

51. Alternatively, other experts in the field advocate removing the gallbladder in a dome-down direction beginning at the fundus, and staying immediately on the gallbladder wall until it tapers down, at which point it is safe to assume that the cystic duct has been reached.

52. Instead, Dr. Grant Taylor performed a dissection in the triangle of Calot, which is the anatomic region containing the vital bile ducts and blood vessels.

53. In a normal extrahepatic gallbladder, such a dissection can be safely performed by a trained general surgeon, but in the setting of an intrahepatic gallbladder it is recognized to be more difficult.

54. Therefore, the injury caused to Skyla Britt was a result of the failure to report the intrahepatic gallbladder on ultrasound by the radiologist, and then the failure of

Dr. Grant Taylor to refer Skyla Britt for appropriate preoperative investigation of her abdominal pain.

55. Dr. Grant Taylor was fixated on the idea of gallbladder disease without evidence. If there had been evidence of gallbladder disease, a hepatobiliary surgeon should have performed the operation.

56. A gallbladder can be intrahepatic to a varying degree. If the intrahepatic component is minimal, the operation may not be much more difficult, but in this case only the top of the gallbladder was visible, so that the bulk of it, including the important structures, were not amenable to the usual dissection and required the added skills of a hepatobiliary surgeon, who would be much more familiar with liver dissection, and the important biliary and vascular structures within the area of the porta hepatis. That is the area where the injury took place as described in the reconstructive operation.

57. The pathology report gross and microscopic describes a NORMAL gallbladder. The diagnosis of mild cholecystitis is almost always based up the presence of a few white cells in the gallbladder wall, which is normal. This is not a gallbladder with any significant abnormality. This opinion is reflected in an opinion from an expert pathologist which in his opinion showed a normal gallbladder.

58. Skyla Britt was sent home following the operation. Normally such a patient would show progressive improvement in pain daily and be essentially out of pain within a few days.

59. On 3/24/2020, Skyla Britt sees Dr. Grant Taylor for a postoperative visit. This is now five days following laparoscopic cholecystectomy.

- WSa 281

Pt is here for post op on s/p Lap Chole 3/19/2020. Pt states she has had constant nausea with vomiting since surgery, with abdominal pain. Pt also complains of bad sweats through out the day, and constipation since surgery. Pt appetite is poor.

Vitals:

	03/24/20 0907
BP:	115/80
Pulse:	(!) 147
Temp:	97.5 °F (36.4 °C)

She appears uncomfortable
Heart regular rate and rhythm but tachycardic
Lungs clear to auscultation
Abdomen soft with mild distention and mild diffuse tenderness no guarding or rebound all incisions are well approximated with minimal induration and mild tenderness but no erythema
Assessment and plan status post laparoscopic cholecystectomy
She is having more pain than she should be at this time after her surgery. I am concerned about a Bile leak. I'm going to send her for a stat HIDA scan and blood work. I will call her when this is complete.
We did discuss the intraoperative findings of an intrahepatic gallbladder as well as her mild chronic cholecystitis on pathology.
HIDA, no leak.
WBC and creat elevated.. Encouraged her to drink as much as possible. Will send antibiotics to pharmacy.
She will see me in 1 week

60. On 3/24/2020 around 1037 hrs, a HIDA scan is performed.

- WSa 306

61. Dr. Charles Sykes reports no evidence of biliary obstruction or leak, and adds, "If abdominal pain persists consider repeat abdominal CT scan to compare with preoperative 1/28/2020 exam in search of any new pathology."

- WSa 306

Impression:

1. No evidence of biliary obstruction or leak in patient who had recent cholecystectomy. If abdominal pain persists consider repeat abdominal CT scan to compare with preoperative 1/28/2020 exam in search of any new pathology.

Released By: CHARLES SYKES, MD 3/24/2020 12:25 PM
Acknowledged by: Grant E Taylor, MD on 03/28/20 2013

62. Dr. Sykes misreads the HIDA scan, as indicated by an addendum written on 3/28/2020. (WSa 306.)

63. On 3/24, after the HIDA scan, Dr. Grant Taylor writes, "WBC and creatinine elevated." He encourages Skyla Britt to drink as much as possible, and he sends her home with a plan to see him again in one week.

- WSA 281

Assessment and plan status post laparoscopic cholecystectomy
She is having more pain than she should be at this time after her surgery. I am concerned about a Bile leak. I'm going to send her for a stat HIDA scan and blood work. I will call her when this is complete.
We did discuss the intraoperative findings of an intrahepatic gallbladder as well as her mild chronic cholecystitis on pathology.
HIDA, no leak.
WBC and creat elevated.. Encouraged her to drink as much as possible. Will send antibiotics to pharmacy.
She will see me in 1 week

64. Skyla Britt was clearly not progressing as expected following laparoscopic cholecystectomy. Dr. Grant Taylor thought she might have a bile leak, but in fact the other possibility which had to be excluded was an inadvertent bowel injury during the laparoscopic cholecystectomy.

65. Dr. Taylor ordered a HIDA scan which was misread, but he should also have ordered a stat ultrasound, in particular after the HIDA was read as showing no leak, because he needed to explain her pain and lack of progress. Imaging by ultrasound or CT on 3/24/20 would have shown fluid collections. A CT would also have been appropriate and provided more detail of any possible bowel injury.

66. The 'normal' HIDA scan did not explain her poor progress, abdominal pain, generalized tenderness, fast pulse, or elevated BUN and Creatinine.

67. Dr. Taylor also should have ordered liver function tests which more likely than not would have been abnormal and a further sign of the underlying problem, and a WBC count to obtain a hint of any infectious process. Reference is made later in the chart to these results, but I did not actually see them myself.

68. Telling Skyla to drink more in her poor condition was wrong. Dr. Grant Taylor was hoping this would correct her BUN and Creatinine.

69. Skyla's pulse of 147 indicated that something serious was going on.

70. Instead of sending her home for a one week follow up, Skyla Britt should have been admitted to the hospital for IV hydration and further imaging to explain her poor progress. An ultrasound or CT at this time would have shown a leak and a hepatobilary surgeon and gastroenterologist would then have been consulted to salvage the situation.

71. The plan to see her again a week later was deeply flawed and delayed her diagnosis of bile duct injury. This was another clear deviation in the standard of care by Dr. Grant Taylor.

Post-Op ED Visit No. 1 March 28 to April 1 (Wellstar Douglas, with transfer to Wellstar Kennestone)

Wellstar Douglas

72. On 3/28/2020 around 0250 hrs, Skyla goes to the Wellstar Douglas ED by car.

- WSa 310

Visit Information (continued)

Arrival Date/Time:	03/28/2020 0250	Admit Date/Time:	03/28/2020 0300	IP Adm. Date/Time:	03/28/2020 0700
Admission Type:	Emergency	Point of Origin:	Self Referral	Admit Category:	
Means of Arrival:	Car	Primary Service:	General Surgery	Secondary Service:	N/A
Transfer Source:		Service Area:	WS SERVICE AREA	Unit:	Wellstar Douglas Hospital (DH 2 SOUTH)
Admit Provider:	Grant E Taylor, MD	Attending Provider:	Richisa L Hamilton, MD	Referring Provider:	

73. Starting around 0311 hrs, ED physician Richisa L. Hamilton, MD evaluates Skyla. Dr. Hamilton orders a CT with IV contrast. The ED provider note includes the following information:

- WSa 312

Skyla Tayler Britt is a 22 y.o. female who presents to the ED with complaints of worsened post-op problem x 1 day. Pt states she had a laparoscopic cholecystectomy done 3/23 and notes she has had constant right sided abd pain since. Pt describes the right sided abd pain as worsened today and not relieved with Rx pain medications. Patient's associated Sx include nausea and vomiting. Pt denies fever, chills, sweats, cough, or any other sx.

- WSa 315

Vital signs upon initiating note

BP	121/95
Pulse	(!) 138
Temp	97.8 °F (36.6 °C) (Oral)
Resp	(!) 24

- WSa 316

Abdominal: Soft. There is abdominal tenderness in the right upper quadrant. There is guarding.

- WSa 316

Lab Results:

Results for orders placed or performed during the hospital encounter of 03/28/20

CBC W/ Diff

Specimen: Blood

Result	Value	Ref Range
WBC COUNT	26.52 (H)	3.50 - 10.50 10E9/L
RBC Count	5.00	3.90 - 5.03 10E12/L
HGB	13.6	12.0 - 15.5 g/dL
Hematocrit	41.9	35.0 - 45.0 %
MCV	83.8	82.0 - 98.0 fL
MCH	27.2	26.0 - 34.0 pg
MCHC	32.5	32.0 - 36.0 g/dL
RDW	14.1	11.9 - 15.5 %
PLATELET	782 (H)	150 - 450 10E9/L
MPV	9.6	9.4 - 12.3 fL
% NEUTROPHILS	82.0	%
% Lymphs	11.0	%
% Monos	7.0	%
% EOS	0.0	%
% BASOS	0.0	%
Absolute Immature Granulocytes	<0.03	0.00 - 0.10 10E9/L
Absolute Neutrophils	21.75 (H)	1.70 - 7.00 10E9/L
Absolute Lymphs	2.92	1.50 - 4.00 10E9/L
Absolute Monos	1.86 (H)	0.30 - 0.90 10E9/L
Absolute EOS	<0.03 (L)	0.10 - 0.50 10E9/L
Absolute Baso	<0.03	0.00 - 0.30 10E9/L
NRBCS	0.0 (A)	REFERENCE RANGE NOT ESTABLISHED /100 WBC
PLATELET ESTIMATE	INCREASED	

Comprehensive Metabolic Panel

Specimen: Serum; Blood

Result	Value	Ref Range
Sodium,S	130 (L)	136 - 145 mmol/L
Potassium	3.4 (L)	3.5 - 5.1 mmol/L
Chloride	86 (L)	98 - 107 mmol/L
Co2	28	22 - 29 mmol/L
Glucose	205 (H)	70 - 99 mg/dL
BUN	10	6 - 20 mg/dL
CREATININE,S	0.78	0.5 - 0.9 mg/dL
PROTEIN,TOTAL	7.2	6.4 - 8.3 g/dL
ALBUMIN,S	2.5 (L)	3.5 - 5.2 g/dL
CALCIUM,TOTAL	9.1	8.6 - 10.0 mg/dL
BILIRUBIN, TOTAL	2.2 (H)	0.0 - 1.2 mg/dL
ALKALINE PHOS	189 (H)	35 - 104 IU/L
AST (SGOT)	36 (H)	0 - 32 IU/L
ALT (SGPT)	46 (H)	0 - 33 IU/L
GLOBULIN	4.7 (H)	2.4 - 4.0 g/dL
ANION GAP	19	12 - 20
GFR Non-Afric Amer	>90	>59 ml/min/1.73 m2
GFR AFRICAN AMER	>90	>59 ml/min/1.73 m2

Lipase

Specimen: Serum; Blood

Result	Value	Ref Range
Lipase	8 (L)	13 - 60 U/L

Lactic Acid, plasma 2 hours apart x 3. If initial lactic acid is <2.0 may cancel additional lactic acid orders after consult with ED physician

Specimen: Plasma; Blood

Result	Value	Ref Range
LACTIC ACID	2.6 (H)	0.5 - 2.0 mmol/L

Lactic Acid, plasma 2 hours apart x 3. If initial lactic acid is <2.0 may cancel additional lactic acid orders after consult with ED physician

Specimen: Plasma; Blood

Result	Value	Ref Range
LACTIC ACID	2.1 (H)	0.5 - 2.0 mmol/L

- WSa 317

Imaging results:

Results for orders placed or performed during the hospital encounter of 03/28/20

CT Abdomen/Pelvis with IV Contrast(Creatinine draw if needed)

Narrative

EXAM: DH CT ABDOMEN/PELVIS WITH IV CONTRAST

...

Impression

. .

Extensive multilocular fluid collections in the abdomen and pelvis some of which demonstrate enhancement highly suspicious for biloma is. Bile duct injury is suspected status post cholecystectomy.

Multifocal areas of small and large bowel wall thickening likely reactive due to suspected bilomas.

Important findings were communicated to RICHISA L HAMILTON at 3/28/2020 6:25 AM.

Released By: ROBERT PHAM V, MD 3/28/2020 6:30 AM

74. Clearly, the patient is now recognized to have a problem related to the 3/19/2020 laparoscopic cholecystectomy.

75. This should have been recognized on 3/24/20 at the postoperative visit by Dr. Grant Taylor.

76. It is well recognized that the earlier such a diagnosis is made, the sooner it can be addressed, and the complications such as infection decreased.

77. This was an unnecessary delay owing to the failure to read the HIDA scan correctly, and because ultrasound and CT were not requested on 3/24/2020 for a patient not doing well following laparoscopic cholecystectomy with no evident cause seen on the HIDA scan.

78. On 3/28 around 0917 hrs, Ganesh P. Pandya, MD, talks to Skyla Britt about percutaneous drainage and possible surgery. Skyla is started on Vancomycin and Cipro. Blood cultures are negative.

- WSa 332

Assessment/Plan:
Active Problems:
Sepsis (HCC)
Gen abdominal pain.
Intra abdominal fluid collection.
Biloma.
S/P Lap cholecystectomy.

NPO, IVF, Cipro and Vanco, NG To LIS.
IR consult for drainage of Biloma/intraabdominal fluid collection.
GI consult for possible ERCP.
Pt was explained and plan was d/w ,may need surgery if no improvement .
I will d/w the mother as requested by the The pt.

Ganesh P Pandya, MD
3/28/2020
9:17 AM

79. On 3/28 around 1239 hrs, Skyla is discharged from Wellstar Douglas, to be transferred to Wellstar Kennestone.

- WSa 310

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
03/28/2020 1239	Short Term Hospital	Kennestone Hospital	Hussein A Ahmed, MD	Wellstar Douglas Hospital (DH 2 SOUTH)

80. The steps taken at Wellstar Douglas were appropriate to manage this complication. Antibiotics were needed because this was now nine days following laparoscopic cholecystectomy with increased risk of infected bile. Signs of infection included elevated WBC and fast respiratory rate, elevated lactate, and slightly low Sp02 (94%).

81. However, a hepatobilary surgeon should have been consulted at Wellstar Kennestone (assuming one was not available at Wellstar Douglas). Hepatobiliary specialist Sahir Shroff, MD, was not asked to see the patient for several more days. It was not until he was consulted that Skyla Britt underwent a diagnostic MRCP which showed the leak.

Wellstar Kennestone

March 28

82. On 3/28 around 1317 hrs, Skyla arrives at Wellstar Kennestone by ambulance.

- WSa 410

Admission Information

Arrival Date/Time:		Admit Date/Time:	03/28/2020 1317	IP Adm. Date/Time:	03/28/2020 1317
Admission Type:	Urgent	Point of Origin:	Outside Hospital	Admit Category:	
Means of Arrival:	Ambulance	Primary Service:	Internal Medicine	Secondary Service:	N/A
Transfer Source:	Douglas General Hos	Service Area:	WS SERVICE AREA	Unit:	Wellstar Kennestone Hospital (KH B6W CARDIAC TELE)
Admit Provider:	Zhaneta Dzmitryieva, MD	Attending Provider:	Zhaneta Dzmitryieva, MD	Referring Provider:	Ganesh P Pandya, MD

83. On 3/28 around 1422 hrs, NP Michelle M. Lovett and gastroenterologist Dr. Assim M. Sheikh consulted on Skyla's case. Their plan stated, "If bile is drained, will obtain MRCP with Eovist."

- WSa 429

Consults by Aasim M Sheikh, MD at 3/28/2020 2:22 PM

Author: Aasim M Sheikh, MD | Service: Gastroenterology | Author Type: Physician
Filed: 3/29/2020 8:48 AM | Date of Service: 3/28/2020 2:22 PM | Status: Signed
Editor: Aasim M Sheikh, MD (Physician)

Consult Orders
1. Inpatient consult to gastroenterology [882869076] ordered by Ganesh P Pandya, MD at 03/28/20 1124

- WSa 433

Michelle M Lovett, NP
GI Specialists of Georgia
(P) 770-429-0031
(F) 678-819-4280
3/28/2020

- WSa 429

Plan:

- Drainage of intra abdominal fluid collection in IR today. If bile is drained, will obtain MRCP with Eovist.
- Continue Vanc and Cipro.
- Monitor LFTs.

- WSa 430

GI ATTENDING ADDENDUM
I have personally seen and examined the patient. I developed the assessment and plan as stated above in the Advanced Practice Provider's note.
Patient with development of collection 5-6 days post op. Had continued pain after lap chole but HIDA performed 2 days later as outpatient was negative for leak. Pain kept on getting worse, prompting coming back to hospital and CY with large collection in GB fossa. Will get it drained today by IR. If bilious fluid, then wil allow her to settle down a bit as she is in severe pain and on exam has exquisite epigastric and RUQ tenderness. May then get MRI with EOVIST to look for bile leak. Will follwo

84. The MRCP with EOVIST was not performed until April 13 — more than two weeks later.

85. On 3/28 around 1637 hrs, hospitalist Dr. Rediet Habtemarkos writes a History & Physical.

- WSa 416

H&P by Rediet Habtemarkos, MD at 3/28/2020 4:37 PM

Author: Rediet Habtemarkos, MD | Service: Hospital Medicine | Author Type: Physician
Filed: 3/28/2020 5:15 PM | Date of Service: 3/28/2020 4:37 PM | Status: Signed
Editor: Rediet Habtemarkos, MD (Physician)

86. On 3/28 around 1835 hrs, interventional radiologist Dr. Alan Zuckerman consults and performs percutaneous drainage and placement of 8F drain. 300 cc bile drains immediately.

- WSa 434

Consults by Alan M Zuckerman, MD at 3/28/2020 6:35 PM

Author: Alan M Zuckerman, MD | Service: Interventional Radiology | Author Type: Physician
Filed: 3/28/2020 6:37 PM | Date of Service: 3/28/2020 6:35 PM | Status: Signed
Editor: Alan M Zuckerman, MD (Physician)

Consult Orders
1. IP CONSULT TO INTERVENTIONAL RADIOLOGY [882869077] ordered by Ganesh P Pandya, MD at 03/28/20 1124

Preoperative Dx: Intra-abdominal fluid collection

Postoperative Dx: same

Procedure Performed: CT guided drainage

Performing Physician: Alan Zuckerman, MD

Assistant: None

Anesthesia: Local, Conscious Sedation

Findings: 8F drain placed, RLQ, sample of gold/green fluid sent for cultures and bilirubin. Approximately 300cc manually aspirated during procedure.

Complications:none immediately

87. However, Skyla had multiple fluid collections, not all of which could be drained.

88. Gram stain of the bile showed positive cocci.

- WSa 531

Body fluid culture [882869103] Resulted: 04/01/20 0750, Result status: Final result

Ordering provider: Alan M Zuckerman, MD 03/28/20 1843
Filed by: Interface, Lab In Sunquest 04/01/20 0750
Resulting lab: WS KENNESTONE HOSPITAL LAB

Order status: Completed
Collected by: 125 03/28/20 1826

Components

Component	Value	Reference Range	Flag	Lab
SOURCE	OTHER	—	—	KHLAB
SPECIAL REQUEST	ABDOMINAL FLUID FOR CULTURE AND BILIRUBIN	—	—	KHLAB
Gram Stain	RARE	—	—	KHLAB
Gram Stain	WBC'S SEEN	—	—	KHLAB
Gram Stain	RARE	—	—	KHLAB
Gram Stain	GRAM POSITIVE COCCI IN CLUSTERS	—	—	KHLAB
Gram Stain	NOTIFICATION VALUE CALLED	—	—	KHLAB
Gram Stain	READ BACK AND CONFIRMED	—	—	KHLAB
Gram Stain	TO M.WALELA RN 3/29/20 0656	—	—	KHLAB
Culture	NO AEROBES OR ANAEROBES ISOLATED DAY 4	—	—	KHLAB

89. These actions were appropriate to deal with this bile leak. This could have been done on 3/24/20 had the leak been recognized by HIDA, ultrasound or CT. There would have been less fluid and it would have been easier to drain, and likely the additional surgery of washout which took place during this admission would not have been required.

90. Delay increases the risk of complications. Skyla had infected bile by the time she was drained.

91. Once this percutaneous drain was placed, the volume of bile was measured.

92. For the day of 3/28/2020, the total on record was 760 cc, which does not reflect a full day as the percutaneous drainage was placed at 6:30 pm.

- WSa 434

Consults by Alan M Zuckerman, MD at 3/28/2020 6:35 PM

Author: Alan M Zuckerman, MD | Service: Interventional Radiology | Author Type: Physician
Filed: 3/28/2020 6:37 PM | Date of Service: 3/28/2020 6:35 PM | Status: Signed
Editor: Alan M Zuckerman, MD (Physician)

Consult Orders
1. IP CONSULT TO INTERVENTIONAL RADIOLOGY [882869077] ordered by Ganesh P Pandya, MD at 03/28/20 1124

Preoperative Dx: Intra-abdominal fluid collection

Postoperative Dx: same

Procedure Performed: CT guided drainage

Performing Physician: Alan Zuckerman, MD

Assistant: None

Anesthesia: Local, Conscious Sedation

Findings: 8F drain placed, RLQ, sample of gold/green fluid sent for cultures and bilirubin. Approximately 300cc manually aspirated during procedure.

Complications:none immediately

- WSa 622-623

Row Name	03/28/20 18:21:29	03/28/20 1900	03/28/20 2002	03/28/20 2055	03/28/20 2100
vancomycin (VANCOCIN) 1,000 mg in NS 250 mL IVPB-ADV			Start: 03/28/20 1600		
Piggyback Dose	—	—	—	*1000 mg pt in procedures; lack of IV	—
Urine Output					
Urine Occurrence	—	—	1	—	—
[REMOVED] NG/OG Tube					
Properties	Placement Date: 03/28/20 Placement Time: 1100 Removal Date: 03/29/20 Removal Time: 1900, unknown, removed by dayshift				
Placement	—	Tube marking	—	—	—

WSa 622

03/28/2020 - Admission (Discharged) in Wellstar Kennestone Hospital (KH B6W CARDIAC TELE) (continued)

Flowsheets (group 1 of 2) (continued)

Verification		unchanged			
Site Assessment	—	Clean;Dry	—	—	—
Status	—	Suction-low intermittent	—	—	—
Drainage Appearance	—	Brown	—	—	—
Tube Output (mL)	—	550 mL	—	—	—
[REMOVED] Closed/Suction Drain 03/28/20 Right Abdomen					
Closed Drain Properties	Placement Date: 03/28/20 Placement Time: 1820 Inserted by: Dr.Zuckerman Tube Number: 1 Orientation: Right Location: Abdomen Size: 8 Fr. , total abscession, lot: 5546974, Exp: 11/30/2022 Fr / mm / Inch: Fr Removal Date: 04/14/20				
Site Description	—	—	—	—	Unable to view UTA
Dressing Assesment	Clean;Dry;Intact	—	—	—	Clean;Dry;Intact
Drainage Appearance	—	—	—	—	Green
Status	—	—	—	—	Intact;Patent;Suction-low intermittent
Output (mL)	—	—	—	—	460 mL Total 460 - emptied

March 29

93. On 3/29 around 0856 hrs, gastroenterologist Aasim M. Sheikh, MD, writes a progress note.

- WSa 445

Progress Notes by Aasim M Sheikh, MD at 3/29/2020 8:56 AM

Author: Aasim M Sheikh, MD
Filed: 3/29/2020 2:32 PM
Editor: Aasim M Sheikh, MD (Physician)
Service: Gastroenterology
Date of Service: 3/29/2020 8:56 AM
Author Type: Physician
Status: Signed

94. On 3/29 around 0948 hrs, gastroenterologist NP Lovett and Dr. Sheikh write another progress note. Dr. Sheikh notes "will try for ERCP today if anesthesia allows."

- WSa 448

Progress Notes by Aasim M Sheikh, MD at 3/29/2020 9:48 AM

Author: Aasim M Sheikh, MD | Service: Gastroenterology | Author Type: Physician
Filed: 3/29/2020 12:01 PM | Date of Service: 3/29/2020 9:48 AM | Status: Signed
Editor: Aasim M Sheikh, MD (Physician)

- WSa 451

Plan:

1) ERCP today or tomorrow depending on anesthesia availability this afternoon. She is unable to have the ERCP this morning since she ate pancakes for breakfast.
2) Consult general surgery for additional loculated fluid collections in abdomen.
3) Monitor LFTs.
4) Continue Cipro, Flagyl, and Vanc IV.
5) Monitor WBCs and temp.

LOS: 1 day

Michelle M Lovett, NP
3/29/2020
9:48 AM

GI ATTENDING ADDENDUM

I have personally seen and examined the patient. I developed the assessment and plan as stated above in the Advanced Practice Provider's note. HIDA report changed and mentions leakage of tracer in multiple locations. Looks more comfortable since fluid drained with less tenderness but still in moderate discomfort with significant output, albeit clear bilious per drain. WBC was 30k this morning at 4 Am, on repeating it is not much different. Wil try for ERCP today if anesthesia allows.

Electronically signed by Aasim M Sheikh, MD at 3/29/2020 12:01 PM

95. On 3/29 around 1343 hrs, general surgery — NP Barbara D. Tanner-Tores and Akil J. Gordon, MD — consult on Skyla's case. The consultation was ordered by NP Michelle Lovett of gastroenterology. Dr. Gordon's assessment and plan notes the planned ERCP and states "We will continue to monitor."

- WSa 434-35

Consults by Akil J Gordon, MD at 3/29/2020 1:43 PM

Author: Akil J Gordon, MD | Service: General Surgery | Author Type: Physician
Filed: 3/29/2020 5:27 PM | Date of Service: 3/29/2020 1:43 PM | Status: Signed
Editor: Akil J Gordon, MD (Physician)

Consult Orders
1. Inpatient consult to General Surgery [882953797] ordered by Michelle M Lovett, NP at 03/29/20 0938

...

Consult request by Dr. Dinku for evaluation of Multiple fluid collections in abdomen due to bile leak

Subjective: 22 y.o.female transferred from DH s/p laparoscopic cholecystectomy on 3/19/20 per Dr Taylor. She continued to have abdominal pain with n/v, denied fever. She presented to DH ED and a CT A/P showed multifocal abdominal fluid collections (6-7), bile leak and was transferred to KH 3/28 for drain to be placed per IR. Drain placed 3/28 and immediately obtained 300 ml of golden green drainage. She is scheduled for an ERCP today at 1400. The IR physician called regarding the high number of fluid collections and the position of these collections he could not place multiple drains. Her abdominal pain is constant but manageable, no nausea or vomiting at this time.

- WSa 441

PLAN:
- Follow-up on ERCP results
- Continue abx: Cipro, Flagyl, Vancomycin
- Antiemetics and analgesics
- Monitor uo
- Monitor WBC
- PS Michelle Lovett, NP as patient stated physician promised NGT d/c if no nausea-> d/c NGT
- Will discuss with Dr. Gordon

Barbara D Tanner-Torres, NP
Acute Care Surgery
Wellstar Surgical Associates of Marietta
770-428-0462

Agree with above. Patient had recent lap chole 10 days ago at Douglas, now with pain in abdomen. Was readmitted for a bile leak, transferred for an ERCP. IR drained one collection yesterday and she feels better.

PE: general: sitting up comfortably, no distress
abdomen soft, minimal tenderness, no guarding.

CT: I have reviewed the films and agree with the findings multiple fluid collections

A/P s/p lap chole with a bile leak. Awaiting an ERCP. We will continue to monitor. She is improving clinically. Would prefer any surgery for a washout to be after the ERCP.

Akil J Gordon, MD
03/29/20

Electronically signed by Akil J Gordon, MD at 3/29/2020 5:27 PM

96. On 3/29 around 1538 hrs, gastroenterologist Dr. Sheikh notes that the ERCP must be postponed for lack of anesthesia support.

- WSa 452

Progress Notes (continued)

Care Coordination by Aasim M Sheikh, MD at 3/29/2020 3:27 PM

Author: Aasim M Sheikh, MD | Service: Gastroenterology | Author Type: Physician
Filed: 3/29/2020 3:38 PM | Date of Service: 3/29/2020 3:27 PM | Status: Signed
Editor: Aasim M Sheikh, MD (Physician)

Anesthesia support not available and no indication when and if. Case postponed until morning. Patient clinically stable.

Electronically signed by Aasim M Sheikh, MD at 3/29/2020 3:38 PM

97. On 3/29, the bile measured was 825 cc.

- WSa 623-624

Row Name	03/29/20 0501	03/29/20 0502	03/29/20 0709	03/29/20 0730	03/29/20 0910
Intake (mL)					
P.O.	—	—	—	236 mL	—
sodium chloride 0.9% (NS) infusion Start: 03/28/20 1400					
Rate	—	125 mL/hr	—	—	—
vancomycin (VANCOCIN) 1,000 mg in NS 250 mL IVPB-ADV Start: 03/28/20 1600					
Piggyback Dose	*1000 mg	—	—	—	—
metroNIDAZOLE (FLAGYL) IVPB 500 mg Start: 03/28/20 1800					
Piggyback Dose	—	—	—	—	*500 mg
Piggyback Volume Infused (mL)	—	—	—	—	100
[REMOVED] NG/OG Tube					
Properties	Placement Date: 03/28/20 Placement Time: 1100 Removal Date: 03/29/20 Removal Time: 1900 , unknown,				

WSa 623

03/28/2020 - Admission (Discharged) in Wellstar Kennestone Hospital (KH B6W CARDIAC TELE) (continued)

Flowsheets (group 1 of 2) (continued)

	removed by dayshift				
Tube Output (mL)	—	—	550 mL Total 550	—	—
[REMOVED] Closed/Suction Drain 03/28/20 Right Abdomen					
Closed Drain Properties	Placement Date: 03/28/20 Placement Time: 1820 Inserted by: Dr.Zuckerman Tube Number: 1 Orientation: Right Location: Abdomen Size: 8 Fr. , total abscession, lot: 5546974, Exp: 11/30/2022 Fr / mm / Inch: Fr Removal Date: 04/14/20				
Output (mL)	—	—	375 mL Total 375	—	—

Row Name	03/29/20 0918	03/29/20 0933	03/29/20 0954	03/29/20 1007	03/29/20 1231
sodium chloride 0.9% (NS) infusion	Start: 03/28/20 1400				
Rate	—	—	—	175 mL/hr	175 mL/hr
sodium chloride 0.9% (NS) infusion	Start: 03/29/20 1000				
Rate	—	—	0 mL/hr	—	—
ciprofloxacin (CIPRO) IVPB 400 mg/200 mL (premix)	Start: 03/28/20 2200				
Piggyback Dose	*400 mg	—	—	—	—
Piggyback Volume Infused (mL)	200	—	—	—	—
vancomycin (VANCOCIN) 1,000 mg in NS 250 mL IVPB-ADV	Start: 03/28/20 1600				
Piggyback Dose	—	—	—	—	*1000 mg
[REMOVED] NG/OG Tube					
Properties	Placement Date: 03/28/20 Placement Time: 1100 Removal Date: 03/29/20 Removal Time: 1900 , unknown, removed by dayshift				
Tube Output (mL)	—	400 mL	—	—	—
[REMOVED] Closed/Suction Drain 03/28/20 Right Abdomen					
Closed Drain Properties	Placement Date: 03/28/20 Placement Time: 1820 Inserted by: Dr.Zuckerman Tube Number: 1 Orientation: Right Location: Abdomen Size: 8 Fr. , total abscession, lot: 5546974, Exp: 11/30/2022 Fr / mm / Inch: Fr Removal Date: 04/14/20				
Output (mL)	—	450 mL emptied	—	—	—

March 30

98. On 3/30 around 0606 hrs, general surgeon NP Lonnie Moton and Dr. Akil Gordon write a progress note.

- WSa 452

Progress Notes by Akil J Gordon, MD at 3/30/2020 6:06 AM

Author: Akil J Gordon, MD
Filed: 3/30/2020 9:15 AM
Editor: Akil J Gordon, MD (Physician)

Service: General Surgery
Date of Service: 3/30/2020 6:06 AM

Author Type: Physician
Status: Addendum

- WSa 454

Plan:
22 y.o female s/p lap chole, now with + bile leak
ERCP this am
Pain control
Cont abx
Ambulate/DVT Prophylaxis - will address post procedure
Diet per GI post procedure
Gen surg will continue to follow

Lonnie Moton, NP
3/30/2020

- WSa 455

6:07 AM

Acute Care Surgery

ERCP today, OR tomorrow for a possible washout. Her WBC is still high.

Akil J Gordon, MD
03/30/20

Electronically signed by Akil J Gordon, MD at 3/30/2020 9:15 AM

99. On 3/30 around 1240 hrs, interventional radiology PA Kevin Ballard and Dr. Alan Zuckerman write a progress note, saying the "IR will continue to follow."

- WSa 459

Progress Notes by Kevin M Ballard II, PA at 3/30/2020 12:40 PM

Author: Kevin M Ballard II, PA | Service: Interventional Radiology | Author Type: Physician Assistant
Filed: 3/30/2020 1:51 PM | Date of Service: 3/30/2020 12:40 PM | Status: Signed
Editor: Kevin M Ballard II, PA (Physician Assistant) | Cosigner: Alan M Zuckerman, MD at 3/30/2020 4:12 PM

- WSa 462

Subjective: No complaints with drain

Objective:
NAD, resting in bed
Dressing c/d/i
Drain in place; approximately 225cc of effluent in bag

Assessment/Plan: Post-operative intra-abdominal fluid collection s/p 8F pigtail drainage catheter placement on 3-28-2020
-Continue to monitor and record output
-Continue drain care and flushes as ordered
-ERCP today and possible washout per General surgery
-IR will continue to follow

Kevin M Ballard II, PA

Electronically signed by Kevin M Ballard II, PA at 3/30/2020 1:51 PM
Electronically signed by Alan M Zuckerman, MD at 3/30/2020 4:12 PM

100. On 3/30 around 1422 hrs, gastroenterologist Dr. Raja Shekhar R Sappati Biyyani writes an interval H&P. He discusses a proposed ERCP with Skyla and Skyla's mother.

- WSa 423

Interval H&P Note by Raja Shekhar R Sappati Biyyani, MD at 3/30/2020 2:22 PM

Author: Raja Shekhar R Sappati Biyyani, MD | Service: Gastroenterology | Author Type: Physician
Filed: 3/30/2020 2:23 PM | Date of Service: 3/30/2020 2:22 PM | Status: Signed
Editor: Raja Shekhar R Sappati Biyyani, MD (Physician)

H & P reviewed, patient examined, and patient's condition unchanged

Procedure of ERCP is discussed in detail with the patient and her mother. Diagrams are used, anatomical relationships are explained. Procedure is explained stepwise with potential for cannulation, sphincterotomy, stent insertion, stone extraction etc. Risk of complications is 5-15% and can be higher. Some of the potential complications are pancreatitis, bleeding, puncture of bowel, infection and complications of sedation. If a complication occurs, it may require surgery, blood transfusion, prolonged stay in the hospital. Pancreatitis, surgery especially may lead to ICU admission and possible long-term damage. Patient and her mother is agreeable to proceed. Mother signed the informed consent.

Raja R Sappati Biyyani, MD March 30, 2020 2:22 PM

Electronically signed by Raja Shekhar R Sappati Biyyani, MD at 3/30/2020 2:23 PM

101. On 3/30 around 1515 hrs, gastroenterologist Dr. Biyyani performs an ERCP with stent placement. He implants a 10 F x 7 cm stent. No leak is demonstrated on the ERCP.

- WSa 517

Case 900710 (GI-ERCP W/SPHINCTEROTOMY W/BALLOON SWEEP/CHOLANGIOGRAM/BILIARY STENT PLACEMENT(LVL5))

Surgery Information

General Information

Date: 3/30/2020 | Time: 1400 | Status: Posted
Location: KH GI/BRONCH | Room: GI 01 | Service: Gastroenterology
Patient class: Inpatient | Case classification: Class E - <24H Non-Urgent

Diagnosis Information

Diagnosis	ICD Code
Bile leak	K83.9
Intra-abdominal fluid collection	R18.8

Panel Information

Panel 1

Provider	Role	Service	Start Time	End Time
Raja Shekhar R Sappati Biyyani, MD	Primary	Gastroenterolog	1515	

- WSa 519

Implants

STENT BILIARY DUODENAL 10FX7CM DOUBLE PIGTAIL ADVANIX BOSTON SCIENTIFIC - LOG900710

Inventory Item: STENT BILIARY DUODENAL 10FX7CM DOUBLE PIGTAIL ADVANIX BOSTON SCIENTIFIC	Serial no.:	Model/Cat no.: M00534330
Implant name: STENT BILIARY DUODENAL 10FX7CM DOUBLE PIGTAIL ADVANIX BOSTON SCIENTIFIC - LOG900710	Laterality: N/A	Area: Bile Duct
Manufacturer: BOSTON SCIENTIFIC	Date of Manufacture:	
Action: Implanted	Number Used: 1	
Device Identifier: 08714729787426	Device Identifier Type: GS1	
Implant Type: Implant		
Lot no.: 24860419	Exp. Date: 12/1/2021	Supplier:
Implanted By: Raja Shekhar R Sappati Biyyani, MD	Date Implanted: 3/30/2020	
SMDA?:	Size:	

102. The purpose of placing a stent and performing a sphincterotomy was to decrease overall pressure in the bile duct and divert bile from the leak site and into the duodenum, which is the normal course of bile flow.

103. Therefore, once the stent was placed the volume of bile from the percutaneous drain would be expected to decrease greatly and eventually stop when the leak spontaneously seals off.

104. Therefore, the volume of bile draining from the external drain is the most valuable clue to the efficacy of the stent.

March 31

105. On 3/31 the output cannot be ascertained accurately because a decision had been made to take Skyla Britt to the OR for a laparoscopic washout, and in the holding area prior to this procedure it was noted that the dressing and sheets were soaked with bile.

- WSa 523

Notes

OR Nursing

Amanda P Lamneck, RN at 3/31/2020 7:40 AM

Author: Amanda P Lamneck, RN | Service: — | Author Type: Registered Nurse
Filed: 3/31/2020 7:45 AM | Date of Service: 3/31/2020 7:40 AM | Status: Addendum
Editor: Amanda P Lamneck, RN (Registered Nurse)

Pt A&O x4, respirations even and unlabored on 2L of oxygen via nc. Pt's drain leaking all over bed sheets and scd's, removed linen and scd's disposed of, pt assisted to bathe with CHG wipes, new blanket applied. NS and Vanc infusing upon pt's arrival to pre-op, patent 20G IV in R forearm.
SCD's out of stock in pre-op.

Electronically signed by Amanda P Lamneck, RN at 3/31/2020 7:45 AM

106. We know from the imaging that there were several undrained fluid collections and we know that the fluid was infected as indicated by the bacteria in the culture and the greatly elevated WBC of 26,000.

107. Therefore the most effective way to drain multiple fluid collections was a laparoscopic washout.

108. On 3/31 around 0905 hrs, general surgeon Dr. Jose Andujar performs a laparoscopic washout and places a second external drain in the right lower quadrant.

- WSa 528-530

Brief Op Note by Jose E Andujar, MD at 3/31/2020 9:05 AM

Skyla Tayler Britt

Preoperative Diagnosis: Bile leak [K83.9]

Post-Op Diagnosis Codes:
* Bile leak [K83.9]

Procedure(s):
LAPAROSCOPY DIAGNOSTIC; LAPAROSCOPIC LYSIS OF ADHESIONS; LAPAROSCOPIC WASHOUT; DRAIN PLACEMENT

Surgeon(s) and Role:
* Jose E Andujar, MD - Primary

Anesthesia: General

Findings: Residual sero bilious fluid collections
adhesions

Implant(s): @ORIMPLANT@

Specimen/Device Removed: * No specimens in log *

Estimated Blood Loss: minimal

- WSa 412

Jose E Andujar, MD	General Surgery	Surgeon	Colon and Rectal Surgery

109. Despite the bile leaking on the sheets, the recorded volume of bile on 3/31/2020 is 1,285 cc.

- WSa 625-626

Row Name	03/30/20 2326	03/31/20 0215	03/31/20 0520	03/31/20 0753	03/31/20 0800

…

[REMOVED] Closed/Suction Drain 03/28/20 Right Abdomen					
Closed Drain Properties	Placement Date: 03/28/20 Placement Time: 1820 Inserted by: Dr.Zuckerman Tube Number: 1 Orientation: Right Location: Abdomen Size: 8 Fr. , total abscession, lot: 5546974, Exp: 11/30/2022 Fr / mm / Inch: Fr Removal Date: 04/14/20				
Site Description	—	— dsg intact	—	—	—
Dressing Assesment	—	Clean;Dry;Intact	—	—	—
Drainage Appearance	—	Brown;Green	—	—	—
Status	—	Intact;Patent	—	—	—
Output (mL)	—	300 mL	—	—	—

Row Name	03/31/20 0824	03/31/20 0924	03/31/20 0955	03/31/20 1005	03/31/20 1010
sodium chloride 0.9% (NS) infusion		Start: 03/28/20 1400			
Volume (mL)	—	700 mL in OR	—	300 mL	—
sodium chloride 0.9% (NS) infusion		Start: 03/31/20 0900			
Rate	—	—	—	—	30 mL/hr
acetaminophen (OFIRMEV) IVPB		Start: 03/31/20 0824			
Piggyback Dose	*0.75 g	—	—	—	—
[REMOVED] Closed/Suction Drain 03/28/20 Right Abdomen					
Closed Drain Properties	Placement Date: 03/28/20 Placement Time: 1820 Inserted by: Dr.Zuckerman Tube Number: 1 Orientation: Right Location: Abdomen Size: 8 Fr. , total abscession, lot: 5546974, Exp: 11/30/2022 Fr / mm / Inch: Fr Removal Date: 04/14/20				
[REMOVED] Closed/Suction Drain 03/31/20 Right Abdomen					
Closed Drain Properties	Placement Date: 03/31/20 Placement Time: 0832 Inserted by: Dr. Andujar Tube Number: 1 Orientation: Right Location: Abdomen Drain Tube Type: Bulb Size: 15 Fr. Fr / mm / Inch: Fr Drain Reservoir Size (mL): 100 mL Removal Date: 04/14/20				
Output (mL)	—	450 mL	60 mL	—	—

- WSa 626-28

Row Name	03/31/20 1012	03/31/20 1100	03/31/20 1111	03/31/20 1258	03/31/20 1411

…

	Removal Date: 04/14/20				
Site Description	—	Unable to view	—	—	—
Dressing Assesment	—	Clean;Dry;Intact	—	—	—
Drainage Appearance	—	Bile	—	—	—
Status	—	Intact;Bulb suction;Patent	—	—	—
Output (mL)	—	150 mL	—	—	—
[REMOVED] Closed/Suction Drain 03/31/20 Right Abdomen					
Closed Drain Properties	Placement Date: 03/31/20 Placement Time: 0832 Inserted by: Dr. Andujar Tube Number: 1 Orientation: Right Location: Abdomen Drain Tube Type: Bulb Size: 15 Fr. Fr / mm / Inch: Fr Drain Reservoir Size (mL): 100 mL Removal Date: 04/14/20				
Site Description	—	Leaking at site;Healing	—	—	—
Dressing Assesment	—	Clean;Intact;Dry	—	—	—
Drainage Appearance	—	Pink tinged;Bloody	—	—	—
Status	—	Intact;Patent;Bulb suction;Stripped;Emptied	—	—	—
Output (mL)	—	50 mL	—	—	—

Row Name	03/31/20 1459	03/31/20 1501	03/31/20 1745	03/31/20 1751	03/31/20 2221
ciprofloxacin (CIPRO) IVPB 400 mg/200 mL (premix) Start: 03/28/20 2200					
Piggyback Dose	—	*400 mg	—	—	—
metroNIDAZOLE (FLAGYL) IVPB 500 mg Start: 03/28/20 1800					
Piggyback Dose	—	—	—	—	*500 mg
vancomycin (VANCOCIN) 1250 mg/250 mL NS IVPB Start: 03/30/20 1300					
Piggyback Dose	*1250 mg	—	—	—	—
[REMOVED] Closed/Suction Drain 03/28/20 Right Abdomen					
Closed Drain Properties	Placement Date: 03/28/20 Placement Time: 1820 Inserted by: Dr.Zuckerman Tube Number: 1 Orientation: Right Location: Abdomen Size: 8 Fr. , total abscession, lot: 5546974, Exp: 11/30/2022 Fr / mm / Inch: Fr Removal Date: 04/14/20				
Output (mL)	—	—	—	175 mL	—
[REMOVED] Closed/Suction Drain 03/31/20 Right Abdomen					
Closed Drain Properties	Placement Date: 03/31/20 Placement Time: 0832 Inserted by: Dr. Andujar Tube Number: 1 Orientation: Right Location: Abdomen Drain Tube Type: Bulb Size: 15 Fr. Fr / mm / Inch: Fr Drain Reservoir Size (mL): 100 mL Removal Date: 04/14/20				
Output (mL)	—	—	100 mL	—	—

110. This is not what one would expect if the stent was effective. The volume should have been much less and the trend continuously lower over time.

111. Furthermore, Skyla's WBC continues to increase.

- WSa 466:

Lab	Units	03/31/20 0524	03/30/20 0453	03/29/20 1102
WBC COUNT	10E9/L	**31.89***	**25.65***	**29.15***

112. On 3/31 around 1008 hrs, interventional radiology PA Jon Khoury and Dr. Alan Zuckerman write a progress note, writing that they will "continue to follow peripherally."

- WSa 462

Progress Notes by Jon P Khoury, PA at 3/31/2020 10:08 AM

Author: Jon P Khoury, PA | Service: Interventional Radiology | Author Type: Physician Assistant
Filed: 3/31/2020 10:13 AM | Date of Service: 3/31/2020 10:08 AM | Status: Signed
Editor: Jon P Khoury, PA (Physician Assistant) | Cosigner: Alan M Zuckerman, MD at 3/31/2020 1:34 PM

- WSa 464

3/28 8F abdominal drain
- to OR this am
- IR drain remains per Dr. Andujar. Continue to follow peripherally. May be discharged with drain removal as outpt.
PROCEDURES PERFORMED:

113. On 3/31 around 1136 hrs, gastroenterologist Dr. Biyanni signs off. Gastroenterology PA, Elisa P. Drusky writes a progress note. PA Drusky's plan includes inpatient gastroenterology signing off and arranging for outpatient follow up. Dr. Biyanni endorses this plan, writing, "No further inpatient GI intervention planned. Will sign off. Call with questions." Neither PA Drusky nor Dr. Biyanni address the drain output amounts. Both note Skyla's leukocytosis, and PA Drusky notes that it is worsening.

- WSa 465

Progress Notes by Raja Shekhar R Sappati Biyyani, MD at 3/31/2020 11:36 AM

Author: Raja Shekhar R Sappati Biyyani, MD | Service: Gastroenterology | Author Type: Physician
Filed: 3/31/2020 12:27 PM | Date of Service: 3/31/2020 11:36 AM | Status: Signed
Editor: Raja Shekhar R Sappati Biyyani, MD (Physician)

…

Plan:

Trend WBCs, increased from yesterday
Trend LFTs, check cmp today
Diet per surgery
She needs removal of stent in 4-6 weeks
IP GI will sign off and arrange outpatient follow up.

LOS: 3 days

Elisa P Drusky, PA
3/31/2020
11:36 AM

GI ATTENDING ADDENDUM

I have personally seen and examined the patient. I developed the assessment and plan as stated above in the Advanced Practice Provider's note. Mother at bedside. Underwent diagnostic laparoscopy with laparoscopic lysis of adhesions, laparoscopic washout and placement of drains. Underwent ERCP with sphincterotomy and CBD stent placement yesterday. Leukocytosis and thrombocytosis noted. Tolerating clears. Patient needs a repeat ERCP in 4 weeks for stent removal and bile leak evaluation. Outpatient GI clinic visit in 2-3 weeks. No further inpatient GI intervention planned. Will sign off. Call with questions.

Raja Shekhar R. Sappati Biyyani MD
GI Specialists of Georgia
(P) 678-741-5000
(F) 770-944-4472
12:27 PM

114. The decision to sign off without noting the excess drainage and failing to consult a hepatobilary surgeon was a deviation in the standard of care by the gastroenterologist.

April 1

115. On 4/1 around 0744 hrs, general surgery NP Quatina Rivers-Fleming writes a progress note. Around 0813 hrs, Dr. Jose Andujar cosigns the note. They write, "Ok to DC from surgical standpoint. GS will sign off. Call with questions."

- WSa 473

Progress Notes by Quatina L Rivers-Fleming, NP at 4/1/2020 7:44 AM

Author: Quatina L Rivers-Fleming, NP | Service: General Surgery | Author Type: Nurse Practitioner
Filed: 4/1/2020 7:48 AM | Date of Service: 4/1/2020 7:44 AM | Status: Signed
Editor: Quatina L Rivers-Fleming, NP (Nurse Practitioner) | Cosigner: Jose E Andujar, MD at 4/1/2020 8:13 AM

- WSa 476-77

LOS: 4 days
PLAN:
22 y/o female s/p diagnostic lap with washout and LOA

Ok to advance diet
JP can be removed prior to DC
Keep IR drain in place. Would obtain CT in one week to reassess drain status
Will then need to follow up in our office
Ok to DC from surgical standpoint
GS will sign off. Call with questions

Quatina L Rivers-Fleming, NP
Acute Care Surgery
4/1/2020
7:44 AM

116. On 4/1 around 0830 hrs, interventional radiology PA Windy Bernard writes a progress note. Dr. Alan Zuckerman cosigns it around 1332 hrs. They note, "Doing well this AM. No complaints of pain. Ready to go home today."

- WSa 471

Progress Notes by Windy L Bernard, PA at 4/1/2020 7:11 AM

Author: Windy L Bernard, PA | Service: Interventional Radiology | Author Type: Physician Assistant
Filed: 4/1/2020 8:30 AM | Date of Service: 4/1/2020 7:11 AM | Status: Signed
Editor: Windy L Bernard, PA (Physician Assistant) | Cosigner: Alan M Zuckerman, MD at 4/1/2020 1:32 PM

…

3/28 8F abdominal abscess drain

S: Doing well this AM. No complaints of pain. Ready to go home today

117. On 4/1, the volume of bile is incomplete for the entire day because Skyla Britt was discharged from the hospital. The recordings are 375 cc, reflecting the two external drains.

- WSa 627-28

Row Name	04/01/20 0000	04/01/20 0042	04/01/20 0307	04/01/20 0615	04/01/20 0616
ciprofloxacin (CIPRO) IVPB 400 mg/200 mL (premix) Start: 03/28/20 2200					
Piggyback Dose	—	—	*400 mg	—	—
metroNIDAZOLE (FLAGYL) IVPB 500 mg Start: 03/28/20 1800					
Piggyback Dose	—	—	—	—	*500 mg
vancomycin (VANCOCIN) 1250 mg/250 mL NS IVPB Start: 03/30/20 1300					
Piggyback Dose	—	*1250 mg	—	—	—
[REMOVED] Closed/Suction Drain 03/28/20 Right Abdomen					
Closed Drain Properties	Placement Date: 03/28/20 Placement Time: 1820 Inserted by: Dr.Zuckerman Tube Number: 1 Orientation: Right Location: Abdomen Size: 8 Fr. , total abscession, lot: 5546974, Exp: 11/30/2022 Fr / mm / Inch: Fr Removal Date: 04/14/20				
Site Description	—	—	—	Unable to view	—
Drainage Appearance	—	—	—	Bile	—
Status	—	—	—	Intact;Patent	—
Output (mL)	—	—	—	225 mL Total 400	—
Properties	Location: Abdomen Drain Tube Type: Bulb Size: 15 Fr. Fr / mm / Inch: Fr Drain Reservoir Size (mL): 100 mL Removal Date: 04/14/20				
Dressing Assesment	—	—	—	—	—
Drainage Appearance	—	—	—	—	—
Status	—	—	—	Intact;Patent;Bulb suction	—
Output (mL)	—	—	—	150 mL	—

118. On 4/1 around 1531 hrs, Skyla Britt is discharged home. Internist Dr. Hussein Ahmed-Abdu writes the discharge summary.

- WSa 414

Admit date: 3/28/2020

Discharge date and time: 4/1/2020 3:31 PM

Admitting Physician: Zhaneta Dzmitryieva, MD

Discharge Physician: Hussein Ahmed-Abdu, MD

Admission Diagnoses: Intraabdominal fluid collection [R18.8]

Discharge Diagnoses: Sepsis - bile leak, drain placed by IR

Admission Condition: fair

Discharged Condition: stable

Hospital Course: Sepsis Post op from intraabdominal abscess - POA, resolved. bile leak, drain placed by IR, continue abx , follow micro data
S/p ERCP with stent placement - OP Surgery follow up
Anxiety - on SSRI
Obesity (class 1 BMI 31)
Spent 32 min coordinating dc
Consults:
IP CONSULT TO GASTROENTEROLOGY
IP CONSULT TO INTERVENTIONAL RADIOLOGY
IP CONSULT TO GENERAL SURGERY

119. The discharge on 4/1 was a further error in management, caused by the premature sign-off of the gastroenterologist. Skyla Britt should have been kept in the hospital because the volume of bile from the external drains indicated that the stent was not effective and more needed to be done. Additionally, her infection appeared to be worsening as indicated by her rising WBC.

120. A hepatobilary surgeon should have been called upon this admission to provide insight in the handling of this complex situation. It was clearly a matter for surgical input. The decision to send her home without noting the excess drainage and failing to consult a hepatobilary surgeon was a deviation in the standard of care by the gastroenterologist.

121. The failure to consult a hepatobiliary specialist led to further delay in localizing the leak and delay in allowing Sahir Shroff MD to perform corrective surgery.

122. It would have been appropriate to send Skyla Britt home with a stent in place if the situation was controlled. If the stent controlled the leak, then the amount of bile reaching the percutaneous drain would become progressively less and then minimal, and it would be reasonable to assume that the stent would allow the leak to seal off without corrective surgery.

Post-Op ED Visit No. 2 April 6 to 8 (Wellstar Kennestone)

April 6

123. On 4/6 around 1346 hrs, Skyla Britt goes to the Wellstar Kennestone ED by car, with worsening abdominal pain.

- WSa 713

Visit Information (continued)

Arrival Date/Time:	04/06/2020 1346	Admit Date/Time:	04/06/2020 1454	IP Adm. Date/Time:	04/07/2020 1303
Admission Type:	Emergency	Point of Origin:	Self Referral	Admit Category:	
Means of Arrival:	Car	Primary Service:	General Surgery	Secondary Service:	N/A
Transfer Source:		Service Area:	WS SERVICE AREA	Unit:	Wellstar Kennestone Hospital (KH G5S SURGERY)
Admit Provider:	Joseph W Redcross II, DO	Attending Provider:	Nicholas A Irwin, MD	Referring Provider:	

- WSa 716

ED Provider Note

ED Provider Notes by Nicholas A Irwin, MD at 4/6/2020 4:45 PM

Author: Nicholas A Irwin, MD
Filed: 4/6/2020 7:39 PM
Editor: Nicholas A Irwin, MD (Physician)
Service: —
Date of Service: 4/6/2020 4:45 PM
Author Type: Physician
Status: Signed

History

Chief Complaint
Post-op Problem

S/p cholecystectomy 3/19 readmitted w/ sepsis and bile leak s/p ercp and washout w/ worsening pain at home

History provided by: patient. No language interpreter was used.
Nursing note reviewed and I agree with the documentation of the past medical, past surgical, social, and family histories.Vitals reviewed.
Post-op Problem
This is a recurrent problem. The current episode started more than 1 week ago. The onset was gradual. The problem occurs constantly. The problem has been gradually worsening. Associated symptoms include abdominal pain. Pertinent negatives include no chest pain. The symptoms are aggravated by twisting. Treatments tried: abx. The treatment provided mild relief.

124. Skyla reports that the drain had been clamped.

- WSa 734

Hospital Course: Skyla Tayler Britt is an 22 y.o. female recent lap chole 3/19 at Douglas. Pt presented to Kennestone with bile like. 3/30 ERCP with stent. 3/31 dx lap, loa, and washout. Pt states yesterday she had nausea and woke up with back pain. Pt also states her drain was not draining because it was clamped off while at home. Her aunt is an RN and taught her how to open perc drain valve yesterday. CT notes The lung bases demonstrate bilateral pleural

125. I do not know where instruction to clamp the drain came from. It would be improper to clamp an external drain which was putting out large amounts of bile but it does explain why Skyla had pain from an increasing infected bile collection.

126. On 4/6 around 1500 hrs, Skyla's blood was drawn for a comprehensive metabolic panel. The test returned the results shown below.

- WSa 783

Comprehensive metabolic panel [883450949] (Edited Result - FINAL)

Electronically signed by: **Nicholas A Irwin, MD on 04/06/20 1505** Status: **Completed**
Ordering user: Nicholas A Irwin, MD 04/06/20 1505 Ordering provider: Nicholas A Irwin, MD
Authorized by: Nicholas A Irwin, MD Ordering mode: Standard
Frequency: STAT STAT 04/06/20 1506 - 1 occurrence Class: Unit Collect
Quantity: 1 Lab status: Edited Result - FINAL
Instance released by: Nicholas A Irwin, MD (auto-released) 4/6/2020 3:06 PM

Specimen Information

ID	Type	Source	Collected By
M16933384_2020 0406150800	Blood	Serum	125 04/06/20 1500

...

Components

Component	Value	Reference Range	Flag
Sodium,S	134	136 - 145 mmol/L	L
Potassium	3.8	3.5 - 5.1 mmol/L	—
Chloride	97	98 - 107 mmol/L	L
CO2	24	22 - 29 mmol/L	—
Glucose	100	70 - 99 mg/dL	H
BUN	6	6 - 20 mg/dL	—
CREATININE,S	0.65	0.5 - 0.9 mg/dL	—
PROTEIN,TOTAL	7.3	6.4 - 8.3 g/dL	—
ALBUMIN,S	2.3	3.5 - 5.2 g/dL	L
CALCIUM,TOTAL	9.0	8.6 - 10.0 mg/dL	—
BILIRUBIN, TOTAL	0.7	0.0 - 1.2 mg/dL	—
ALKALINE PHOS	241	35 - 104 IU/L	H
AST (SGOT)	45	0 - 32 IU/L	H
ALT (SGPT)	43	0 - 33 IU/L	H
GLOBULIN	5.0	2.4 - 4.0 g/dL	H
ANION GAP	17	12 - 20	—
GFR Non-Afric Amer	>90	>59 ml/min/1.73 m2	—
GFR AFRICAN AMER	>90	>59 ml/min/1.73 m2	—

127. On 4/6 around 1645 hrs, Dr. Nicholas Irwin writes an ED provider note. The note states "No consult orders placed this encounter."

- WSa 716

ED Provider Notes by Nicholas A Irwin, MD at 4/6/2020 4:45 PM

Author: Nicholas A Irwin, MD Service: — Author Type: Physician
Filed: 4/6/2020 7:39 PM Date of Service: 4/6/2020 4:45 PM Status: Signed
Editor: Nicholas A Irwin, MD (Physician)

- WSa 722

No consult orders placed this encounter

128. On 4/6 around 1728 hrs, Skyla undergoes an abdomen/pelvis CT with IV contrast.

- WSa 792-93

Imaging (continued)

Ordering provider: Nicholas A Irwin, MD 04/06/20 1508
Resulted by: William C Chocallo, MD
Performed: 04/06/20 1720 - 04/06/20 1728
Narrative:
EXAM: KH CT ABDOMEN/PELVIS WITH IV CONTRAST(CREATININE DRAW IF NEEDED)

Order status: Completed
Filed by: Interface, Rad Powerscribe 04/06/20 1802
Accession number: 32638607

...

Impression:

There is an enlarging fluid collection noted at the level of the liver hilum which now measures 12.9 x 6.0 cm (previously 6.4 x 4.1 cm). Due to its location and increase in size this may cause pain.

There are, however, multiple areas of diminished fluid which include the drained area in front of the liver, and regions in the pelvis anterior and posterior to the uterus.

There are focal tiny punctate areas of air within the peritoneal cavity seen in 2 locations on image 101 and on image 74. Given the surgery and drainage procedure which has been performed recently, there is likely related to one or both of these procedures.

New right-sided pleural effusion with atelectasis.

Status post cholecystectomy with biliary stent placed.

Edited By: Patricia Ann Hall 4/6/2020 6:00 PM

Released By: WILLIAM C CHOCALLO, MD 4/6/2020 6:01 PM

April 7

129. On 4/7 around 0633 hrs, general surgery NP Quatina Rivers-Fleming writes a progress note. Around 0853 hrs, Dr. Jose Andujar cosigns it. The plan includes "Monitor drain output. Trend WBC."

- WSa 748

Progress Notes by Jose E Andujar, MD at 4/7/2020 6:33 AM

Author: Jose E Andujar, MD
Filed: 4/7/2020 8:53 AM
Editor: Jose E Andujar, MD (Physician)

Service: General Surgery
Date of Service: 4/7/2020 6:33 AM

Author Type: Physician
Status: Signed

- WSa 751

PLAN:
22 y/o female with abdominal fluid collection
HIDA for today pending. Checking for bile leak
IR consulted
Continue antibiotics (Cipro/FLagyl)
Monitor drain output
Trend WBC

4/7/2020
6:34 AM
Quatina Rivers-Fleming, ACNP
Trauma Acute Care Surgery

Await HIDA
Drain functioning well

Electronically signed by Jose E Andujar, MD at 4/7/2020 8:53 AM

130. On 4/7 around 0806 hrs, radiologist Dr. Arthur Mulick reports on a repeat HIDA. It shows opacification of the loculated collection at the gallbladder fossa/porta hepatis region compatible with bile leak.

- WSa 794-95

Impression:

There is an enlarging fluid collection noted at the level of the liver hilum which now measures 12.9 x 6.0 cm (previously 6.4 x 4.1 cm). Due to its location and increase in size this may cause pain.

There are, however, multiple areas of diminished fluid which include the drained area in front of the liver, and regions in the pelvis anterior and posterior to the uterus.

There are focal tiny punctate areas of air within the peritoneal cavity seen in 2 locations on image 101 and on image 74. Given the surgery and drainage procedure which has been performed recently, there is likely related to one or both of these procedures.

New right-sided pleural effusion with atelectasis.

Status post cholecystectomy with biliary stent placed.

Edited By: Patricia Ann Hall 4/6/2020 6:00 PM

Released By: WILLIAM C CHOCALLO, MD 4/6/2020 6:01 PM

…

Impression:

1. Biliary activity appears to opacify the loculated collection at the gallbladder fossa/porta hepatis region compatible with bile leak.
2. There is at least some transit into the small bowel.
3. The percutaneous drainage catheter noted on CT is faintly opacified with activity consistent with bile leak.

Released By: ARTHUR MULICK, MD 4/7/2020 8:06 AM

131. This means that the leak was not controlled by the stent.

132. When her external drain was clamped, fluid built up in the hepatic space in the region of the injury.

133. On 4/7 around 0950 hrs, interventional radiology PA Windy Bernard writes a progress note. About a day later, Dr. Ashutosh Rao cosigns it. The note states, "no need to reposition or replace drain at this time. Surgery notified."

- WSa 751-52

Progress Notes by Windy L Bernard, PA at 4/7/2020 9:50 AM

Author: Windy L Bernard, PA | Service: Interventional Radiology | Author Type: Physician Assistant
Filed: 4/7/2020 9:55 AM | Date of Service: 4/7/2020 9:50 AM | Status: Signed
Editor: Windy L Bernard, PA (Physician Assistant) | Cosigner: Ashutosh Rao V, MD at 4/8/2020 8:37 AM

…

We have been asked to evaluate for repositioning vs replacement of current drain. Imaging reviewed by Dr. Rao and no need to reposition or replace drain at this time. Surgery notified.

Electronically signed by Windy L Bernard, PA at 4/7/2020 9:55 AM
Electronically signed by Ashutosh Rao V, MD at 4/8/2020 8:37 AM

134. On 4/7 around 1020 hrs, gastroenterologist Dr. Arif A. Aziz is consulted.

- WSa 741

Consults by Arif A Aziz, MD at 4/7/2020 10:20 AM

Author: Arif A Aziz, MD | Service: Gastroenterology | Author Type: Physician
Filed: 4/7/2020 11:32 AM | Date of Service: 4/7/2020 10:20 AM | Status: Addendum
Editor: Arif A Aziz, MD (Physician)

Consult Orders
1. Inpatient consult to gastroenterology [884134586] ordered by Sheila O Anyaoha, NP at 04/07/20 0941

135. On 4/7 around 1400 hrs, gastroenterologist Dr. Aziz performs an ERCP with stent replacement. He implants a 10 F x 7 cm stent and extends the sphincterotomy. Again, no leak was identified.

- WSa 769

Procedure Summary

Date: 04/07/20
Anesthesia Start: 1413
Procedure: GI-ERCP W/STENT REMOVAL/SPHINCTEROTOMY/STENT PLACEMENT (LVL5) (N/A)
Providers: Arif A Aziz, MD
Anesthesia Type: general

Room / Location: KH GI 01 / KH GI/BRONCH
Anesthesia Stop: 1503
Diagnosis:
Bile leak, postoperative
(Bile leak, postoperative [K91.89, K83.8])
Responsible Provider: Paul K Turry, MD
ASA Status: 2

- WSa 779

Implants

STENT BILIARY DUODENAL 10FX7CM DOUBLE PIGTAIL ADVANIX BOSTON SCIENTIFIC - LOG904155

Inventory Item: STENT BILIARY DUODENAL 10FX7CM DOUBLE PIGTAIL ADVANIX BOSTON SCIENTIFIC
Serial no.:
Model/Cat no.: M00534330
Implant name: STENT BILIARY DUODENAL 10FX7CM DOUBLE PIGTAIL ADVANIX BOSTON SCIENTIFIC - LOG904155
Laterality: N/A
Area: Bile Duct
Manufacturer: BOSTON SCIENTIFIC
Date of Manufacture:
Action: Implanted
Number Used: 1
Device Identifier: 08714729787426
Device Identifier Type: GS1
Implant Type: Implant
Lot no.: 25182799
Exp. Date: 2/9/2022
Supplier:
Implanted By: Arif A Aziz, MD
Date Implanted: 4/7/2020
SMDA?:
Size:

- WSa 781

Procedure(s):
GI-ERCP (LVL5)

Surgeon(s) and Role:
* Arif A Aziz, MD - Primary

Anesthesia: Monitor Anesthesia Care

Findings:
Stent removed, sphincterotomy extended, no bile leak seen on balloon occlusion cholangiogram, 10 F 7 cm stent placed

Implant(s): @ORIMPLANT@

Specimen/Device Removed: * No specimens in log *

Estimated Blood Loss: minimal

Arif A Aziz, MD

April 7, 2020 2:54 PM

136. They had still not identified the source of the leak, even during the second ERCP and it would have been prudent to obtain an MRCP to try and determine where the leak was in case it was not amenable to stent drainage. This was not done during this admission. Furthermore, Dr. Aziz had an obligation to monitor the external drain output as he had seen the need to revise the original stent and sphincterotomy. This was a deviation in the standard of care on his part.

137. On 4/7, Skyla expresses concern with pain management and states morphine has not been given q3 hours as scheduled.

- WSa 752

Significant Event by Lonnie Moton, NP at 4/7/2020 10:13 PM

Author: Lonnie Moton, NP | Service: General Surgery | Author Type: Nurse Practitioner
Filed: 4/7/2020 10:43 PM | Date of Service: 4/7/2020 10:13 PM | Status: Signed
Editor: Lonnie Moton, NP (Nurse Practitioner)

Paged by RN to report patient complaint of clear liquid diet order.
Patient reports that she is not happy with her care since her admission
She has been on a clear liquid diet since admission (2 days) and she does not feel that is fair.
Patient is s/p ERCP with stent removal and placement with extended sphincterotomy for a +HIDA for continued bile leak. No leak identified on ERCP.
Patient denies N/V, reports controlled pain with pain medication, and states she is hungry. She also expresses concern with pain management and states morphine has not been given q3 hours as scheduled. I explained to patient, pain medication is given on a as needed basis and she must ask for it when needed. I have also explained that during this time, we are doing our best to meet her needs in a way she feels that she is being taken care of. I have spoken with the patient nurse as well.
I explained to patient the concern for possible procedure in AM due to continued potential for bile leak and that is why we have made her NPO. Patient understands this but is still demanding something light to eat at this time.
Patient states she was told by GI that if she was able to tolerate clears post ERCP that she would be advanced to a soft diet this evening. There is no documentation of this at this tme.
I have agreed to a sandwich, crackers, mashed potatoes this evening.
I have verbalized to patient that if she experiences increase pain, N/V that she is to stop eating immediately.
Will continue to monitor closely

April 8

138. On 4/8 around 0947 hrs, gastroenterologist Jeffrey L. Kim signs off. He writes that Skyla "has JP drain with bilious output but she states it is draining less." He does not identify or discuss the actual drainage amounts.

- WSa 752-54

Progress Notes by Jeffrey L Kim, MD at 4/8/2020 9:44 AM

Author: Jeffrey L Kim, MD | Service: Gastroenterology | Author Type: Physician
Filed: 4/8/2020 9:52 AM | Date of Service: 4/8/2020 9:44 AM | Status: Signed
Editor: Jeffrey L Kim, MD (Physician)

…

Last 24 hrs notable for ERCP with stent removal, extension of sphincterotomy and placement of 10F x 7 cm stent. Cholangiogram with no leak identified. She is feeling much better today and states she did not require any pain medication over night. She is NPO per surgery but tolerated solid food last night.
She has JP drain with bilious output but she states it is draining less.

Plan:

Advance diet per surgery

Follow LFTs

Follow up as outpatient. No additional GI intervention at this time. Will sign off and see as needed

LOS: 1 day

Jeffrey L Kim, MD
4/8/2020
9:47 AM

Electronically signed by Jeffrey L Kim, MD at 4/8/2020 9:52 AM

139. Recorded bile volumes for this admission are as described below.

a. On 4/6/2020, which was an incomplete period, the drainage values were 400 cc.

- WSa 830

Row Name	04/06/20 19:58:21	04/06/20 2147	04/06/20 22:56:33	04/07/20 0107	04/07/20 02:25:23
Vitals					
Temp src	Oral	—	Oral	—	Oral
Heart Rate Source	Monitor	—	Monitor	—	Monitor
Resp	—	—	18	—	18
Respiration Source	monitor	—	visual	—	visual
BP Location	Right arm	—	Left arm	—	Left arm
BP Method	Portable	—	Portable	—	Portable
Patient Position	Supine	—	Supine	—	Supine
O2 Device	None (Room air)	—	None (Room air)	—	None (Room air)
Height	61" (1.549 m)	—	—	—	—
Weight	78.9 kg (174 lb)	—	—	—	—
Weight Method	Actual	—	—	—	—
[REMOVED] Closed/Suction Drain 03/28/20 Right Abdomen					
Closed Drain Properties	Placement Date: 03/28/20 Placement Time: 1820 Inserted by: Dr.Zuckerman Tube Number: 1 Orientation: Right Location: Abdomen Size: 8 Fr. , total abscession, lot: 5546974, Exp: 11/30/2022 Fr / mm / Inch: Fr Removal Date: 04/14/20				
Output (mL)	400 mL	—	—	—	300 mL
[REMOVED] Closed/Suction Drain 03/31/20 Right Abdomen					
Closed Drain Properties	Placement Date: 03/31/20 Placement Time: 0832 Inserted by: Dr. Andujar Tube Number: 1 Orientation: Right Location: Abdomen Drain Tube Type: Bulb Size: 15 Fr. Fr / mm / Inch: Fr Drain Reservoir Size (mL): 100 mL Removal Date: 04/14/20				
Unmeasured Output					
Urine Occurrence	—	—	—	—	1
sodium chloride 0.9% (NS) infusion	Start: 04/06/20 2100				
Rate	—	125 mL/hr	—	125 mL/hr	—

b. On 4/7/2020, the drainage values were a total of 900 cc.

- WSa 830

CCP Vitals, Intake and Output

Row Name	04/06/20 19:58:21	04/06/20 2147	04/06/20 22:56:33	04/07/20 0107	04/07/20 02:25:23
Vitals					

...

[REMOVED] Closed/Suction Drain 03/28/20 Right Abdomen

Closed Drain Properties	Placement Date: 03/28/20 Placement Time: 1820 Inserted by: Dr.Zuckerman Tube Number: 1 Orientation: Right Location: Abdomen Size: 8 Fr. , total abscession, lot: 5546974, Exp: 11/30/2022 Fr / mm / Inch: Fr Removal Date: 04/14/20				
Output (mL)	400 mL	—	—	—	300 mL

...

Row Name	04/07/20 0239	04/07/20 0522	04/07/20 08:28:37	04/07/20 12:05:36	04/07/20 1250

...

[REMOVED] Closed/Suction Drain 03/28/20 Right Abdomen

Closed Drain Properties	Placement Date: 03/28/20 Placement Time: 1820 Inserted by: Dr.Zuckerman Tube Number: 1 Orientation: Right Location: Abdomen Size: 8 Fr. , total abscession, lot: 5546974, Exp: 11/30/2022 Fr / mm / Inch: Fr Removal Date: 04/14/20				
Output (mL)	—	200 mL	—	—	—

- WSa 839-40

Row Name	04/07/20 2024	04/07/20 2200	04/07/20 2311	04/08/20 0242	04/08/20 0243
sodium chloride 0.9% (NS) infusion Start: 04/06/20 2100					
Rate	—	—	—	0 mL/hr	125 mL/hr
ciprofloxacin (CIPRO) IVPB 400 mg/200 mL (premix) Start: 04/06/20 2100					
Piggyback Dose	*400 mg	—	—	—	—
metroNIDAZOLE (FLAGYL) IVPB 500 mg Start: 04/06/20 2100					
Piggyback Dose	*500 mg	—	—	—	—
[REMOVED] Closed/Suction Drain 03/28/20 Right Abdomen					
Closed Drain Properties	Placement Date: 03/28/20 Placement Time: 1820 Inserted by: Dr.Zuckerman Tube Number: 1 Orientation: Right Location: Abdomen Size: 8 Fr. , total abscession, lot: 5546974, Exp: 11/30/2022 Fr / mm / Inch: Fr Removal Date: 04/14/20				
Dressing Assesment	—	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Drainage Appearance	—	Bile	Bile	—	—
Status	—	Intact;Patent flushed	Intact;Patent;Emptied	—	—
Output (mL)	—	150 mL	250 mL	—	—

c. On 4/8 Skyla was discharged, and no volume was recorded.

140. On 4/8 around 1035 hrs, Skyla is discharged. General surgery NP Barbara D. Tanner-Torres writes the discharge summary. About a day later, Dr. Joseph Redcross co-signs it.

- WSa 733

Discharge Summary Note

Discharge Summary by Barbara D Tanner-Torres, NP at 4/8/2020 10:35 AM

Author: Barbara D Tanner-Torres, NP | Service: General Surgery | Author Type: Nurse Practitioner
Filed: 4/8/2020 10:44 AM | Date of Service: 4/8/2020 10:35 AM | Status: Signed
Editor: Barbara D Tanner-Torres, NP (Nurse Practitioner) | Cosigner: Joseph W Redcross II, DO at 4/9/2020 8:41 AM

141. Again, no attention seems to have been paid to confirming a decrease in volume of the drains. Signing off prematurely and allowing Skyla to be sent home without this confirmation was a further deviation in the standard of care by the gastroenterologist. It is inappropriate to rely on a sick patient's subjective verbal assessment of drainage amounts, where objective measurements by the nursing staff are available. Therefore Dr. Kim was also negligent in his assessment of the volume of bile drainage and this led to a further delay in implementation of surgical treatment. He should have conferred with Dr. Aziz prior to discharge. NP Barbara D Tanner-Torres and Dr. Josepth Redcross were also obliged to confer with the gastroenterologist and discuss the drain output prior to discharge.

142. NP Tanner-Torres writes that "GI signed off."

- WSa 734

Hospital Course: Skyla Tayler Britt is an 22 y.o. female recent lap chole 3/19 at Douglas. Pt presented to Kennestone with bile like. 3/30 ERCP with stent. 3/31 dx lap, loa, and washout. Pt states yesterday she had nausea and woke up with back pain. Pt also states her drain was not draining because it was clamped off while at home. Her aunt is an RN and taught her how to open perc drain valve yesterday. CT notes The lung bases demonstrate bilateral pleural effusions with atelectasis to some degree on the right and the left side at the lung bases. The liver shows no focal intraparenchymal lesion. There is, however, a prominent fluid collection identified at the region of the liver hilum. This has enlarged when compared to the prior examination and presently measures 12.9 x 6.0 cm (previously 6.4 x 4.1 cm). A biliary stent is identified. There is a drainage catheter along the anterior aspect of the liver. The fluid collection that was noted in this location previously has completely resolved. There is very little free fluid within the peritoneal cavity which is significantly improved when compared to 3/28/2020. WBC was 22.0 on admission. GI specialist was consulted and she is now s/p stent removal, sphincterotomy extended, no bile leak seen on balloon occlusion cholangiogram, 10 F 7 cm stent placed. She was allowed a regular diet last night and tolerated. Her pain has improved considerably and GI signed off. She will go home with doxycycline and bactrim for 5 more days, take acetaminophen for pain as she has none at this time. She will follow-up with GI specialist in Douglasville and monitor drain output. GI can provide the timing of when to remove drain, which should be done in IR as it was placed at Douglas Hospital. She is aware to monitor herself for fever or increased pain and seek medical attention if worsens.

Outpatient Telemedicine Visit — April 10

143. On 4/10/20, Skyla has a telemedicine follow up visit.

- WSa 901

Subjective:

Subjective
Patient ID: Skyla Tayler Britt is a 22 y.o. female.

A verbal consent was obtained from patient for a virtual visit via video encounter visit.

Patient presents to this video visit for a TOC visit after being discharged from Kennestone hospital on Wednesday (2 days ago).

The patient and her mother have many concerns:
She reports that she is feeling worse now, has been having increased pain to her right side of her back and did not get any pain medications after being discharged from the hospital. She reports that she is having increased nausea, having vomiting that started last night, and having diarrhea and stomach cramping. She reports that she is unable to eat or keep any food down since she has been discharged from the hospital.

She reports that she has been having increased drainage from her accordian drain, reports that after she was discharged home Wednesday night, they emptied 750ml brownish yellow drainage, then yesterday they emptied 1225ml of drainage, and this morning they have already emptied 300 ml of brownish yellow drainage at 9:30am, and their is still drainage. They report that there is also some frothy/foamy drainage noted in the drainage bag.

She reports taht she has gotten conflicting orders regarding her antibiotics. She states she was discharged home with Bactrim and doxycycline antibiotics, but was called by physician who told her to take Flagyl and Cipro. She reports she began vomiting after taking the antibiotics, and reports that the Bactrim and doxycycline were never told to discontinue, but just to start taking the Flagyl and Cipro, so she is very confused regarding her antibiotic regimen, and she had taken all of the antibiotics and now has worsening of abdominal pain, cramping, nausea, and new onset of vomiting, and diarrhea.

She reports that she does not feel that she has any relief at all regarding her condition and feels that she is getting worse.

- WSa 904

Objective:
Objective
Physical Exam
Constitutional: She appears unhealthy. She has a sickly appearance.
Patient observed via video call of appearing to have an acutely ill and unhealthy appearance. Patient appears to have sunken areas under eyes, appears to be fatigued, abdomen appears swollen, and patient verbalizes she is in pain to her right upper back and feels uncomfortable due to the accordian drain, nausea, vomiting, diarrhea and inability to eat and keep food down.
HENT:
Head: Head is with raccoon's eyes.

- WSa 909

Patient and her mother discussed wanting to get a second opinion at a different facility due to worsening of her condition. She expresses that she would like to go to Emory hospital to be seen by a specialist.

Advised patient that due to her worsening symptoms and her unhealthy, acutely ill appearance and inability to eat, continued nausea with new onset of vomiting and diarrhea, she needs to be seen in an Emergency Room immediately.

Patient states she prefers to go to Emory. Patient's mother expresses that they will leave now to go to Emory healthcare emergency room for further evaluation.

144. It is quite evident that the stent is not controlling the problem and there continues to be a leak with source as yet undiagnosed. Skyla Britt is deteriorating and this was totally avoidable if the gastroenterologists had consulted a hepatobilary surgeon and paid attention to the drain volumes during both prior admissions. Failure to do so deviated from the standard of care.

Post-Op ED Visit No. 3 April 10 to 16 (Emory Midtown with transfer to Wellstar Kennestone)

Emory Midtown

145. On 4/10/2020 around 1308 hrs, Skyla goes to Emory Midtown Hospital's ED.

- EM 6

Title: ICD-10 Outpatient Coding Summary
Hospital Name: Emory University Hospital Midtown
Hospital Address: 550 Peachtree Street, NE
Hospital City/State/Zip: Atlanta, GA 30308
Patient Name: BRITT, SKYLA
Sex: F
Birth Date:
MR Number: E
Account Number: ECLH065723260101
Admit Date: 04/10/20 01:08 PM
Discharge Date: 04/11/20 01:43 AM
LOS: 1

Disposition: 70 - OTHER TYPE FACILITY

146. Labs show leukocytosis and thrombocytosis. A CT shows a fluid collection concerning for a bile leak. Skyla refuses further care at Wellstar.

- EM 15

Basic Information

Addendum: Time of addendum:: 4/10/2020 20:25:00 , Assumed care from: Time 4/10/2020 19:00:00,

Josilyn Montgomery, NP, Pertinent history: 22 year old Female with a past medical history of cholecystitis status post cholecystectomy 3/19/2020 presents to the ED with abdominal pain. Patient states her cholecystectomy at Wellstar she has revisions as well as multiple HIDA scans and ERCPs states that she has continuing increasing, abdominal pain, inability tolerate PO. She denies fever, chills, shortness of breath, chest pain, or diarrhea. Patient states she does not want treatment at Wellstar. Patient's exam is unremarkable except abdominal tenderness in her right upper quadrant. I will obtain labs and CT A/P. Labs show leukocytosis and thrombocytosis. CT A/P showed fluid collection concerning for possible bile leak. I spoke with Dr. Dominic Papandria about recommendations and told them the patient refuses care at Wellstar and prefers to see Emory doctors. He will come see the patient now. We attempted to obtain medical records but are unable to get them. Will contact Wellstar once again for medical records. .

147. Skyla is in critical condition.

- EM 21

Critical Care Note

Total time: 31 minutes spent engaged in work directly related to patient care and/ or available for direct patient care, exclusive of procedure time, which included The patient has an illness or injury that acutely impairs one or more vital organ systems such that there is a high probability of imminent or life threatening deterioration in the patient's condition..

148. Emory providers nonetheless recommend transfer to Wellstar Kennestone.

- EM 21

Reexamination/ Reevaluation

Time: 4/10/2020 21:37:00 .

Notes: Spoke with Dr.Papandria who recommends transfer to Wellstar Kennestone. If Kennestone is not wliling to accept transfer or if is difficult to transfer then Dr. Papandria said to admit the patient to his service. I spoke to general surgery NP at Wellstar and will talk to general surgeon and provide with further recommendations.

.

Time: 4/10/2020 22:01:00 .

Notes: I spoke to Dr. Taaera of general surrey at Kennestone who accepted patient to his service. She will be transferred to Kennestone for further management.

149. Emory surgeon Dominic Papandria notes that Skyla very likely needs evaluation by a hepatobiliary surgeon.

- EM 60-61

Plan in Brief:
- Given their familiarity with her complex clinical course and the details of her previous interventions, I engaged the patient (and family members present via telephone) to explain that she would be best cared for if she could first be received in transfer to a surgical service at Kennestone.
- ***Operative Planning***: no immediate surgical intervention is presently indicated - indeed timing for any operative intervention is decidedly unfavorable and would carry a very high with of postoperative morbidity. She will very likely need to be evaluated by one of

our HPB surgeons, and I am happy to help facilitate this.
- Disposition: will accept her as a floor admission to our service, should transfer prove infeasible.

These recommendations were relayed via telephone to the ED clinical staff (Jawad Shahid, MD).

We greatly appreciate the opportunity to assess this patient. Please do not hesitate to contact me directly with any questions or concerns.

Dominic Papandria, MD
Assistant Professor of Surgery
Emory University School of Medicine

150. On 4/11 around 0143 hrs, Skyla is discharged from Emory Midtown, for transfer to Wellstar Kennestone by MetroAtlanta ambulance.

- EM 46

ED Patient Discharge Report

Emory Healthcare Emergency Department
Discharge Instructions for Patient

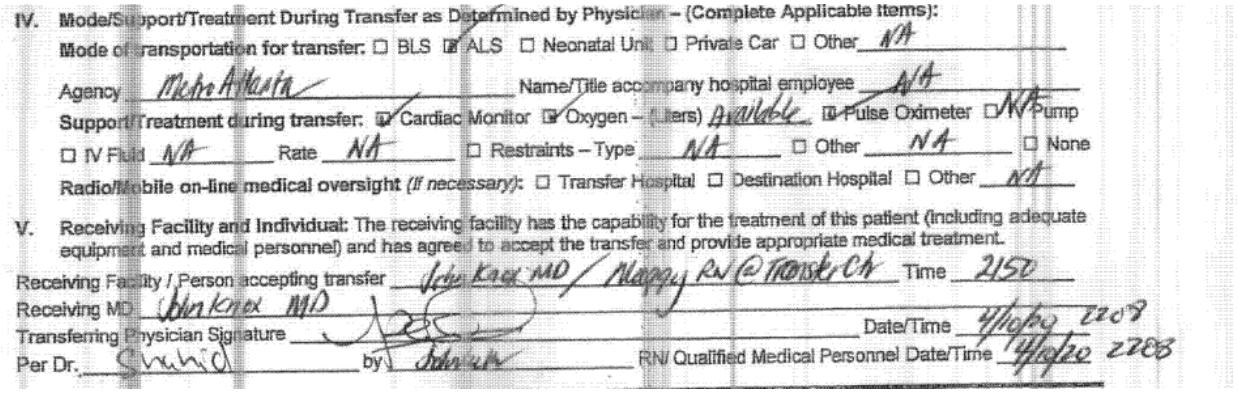
Name: BRITT, SKYLA
Age: 22 Years **DOB:**
MRN:CLH_003440170 **FIN:** 65723260101
Providers: Shahid, Jawad
Montgomery, Jocelyn A

Current Date: 4/11/2020 01:43:44

Discharge Time: 4/11/2020 01:43:00

- EM 41

151. The physicians at Emory recognized the need for a hepatobilary surgeon to be involved in the care of Skyla Britt.



IV. Mode/Support/Treatment During Transfer as Determined by Physician – (Complete Applicable Items):
Mode of transportation for transfer: ☐ BLS ☑ ALS ☐ Neonatal Unit ☐ Private Car ☐ Other NA
Agency Metro Atlanta Name/Title accompany hospital employee NA
Support/Treatment during transfer: ☑ Cardiac Monitor ☑ Oxygen – (Liters) Available ☑ Pulse Oximeter ☐ IV Pump
☐ IV Fluid NA Rate NA ☐ Restraints – Type NA ☐ Other NA ☐ None
Radio/Mobile on-line medical oversight (If necessary): ☐ Transfer Hospital ☐ Destination Hospital ☐ Other NA

V. Receiving Facility and Individual: The receiving facility has the capability for the treatment of this patient (including adequate equipment and medical personnel) and has agreed to accept the transfer and provide appropriate medical treatment.
Receiving Facility / Person accepting transfer John Knox MD / Nappy RN @ Transfer Ctr Time 2150
Receiving MD John Knox MD
Transferring Physician Signature _____ Date/Time 4/11/20 2208
Per Dr. Shahid by _____ RN/ Qualified Medical Personnel Date/Time 4/11/20 2208

Wellstar Kennestone

April 11

152. On 4/11 around 0216 hrs, Skyla arrives at the Wellstar Kennestone ED by ambulance.

- WSa 922

Admission Information

Arrival Date/Time:	04/11/2020 0216	Admit Date/Time:	04/11/2020 0216	IP Adm. Date/Time:	04/13/2020 1254
Admission Type:	Emergency	Point of Origin:	Self Referral	Admit Category:	
Means of Arrival:	Ambulance	Primary Service:	General Surgery	Secondary Service:	N/A
Transfer Source:		Service Area:	WS SERVICE AREA	Unit:	Wellstar Kennestone Hospital (KH G5S SURGERY)
Admit Provider:	Joseph W Redcross II, DO	Attending Provider:	Joseph W Redcross II, DO	Referring Provider:	Self-Referral

153. On 4/11/2020, Skyla has 9/10 pain on admission.

- WSa 939-940

H&P Notes

H&P by Lonnie Moton, NP at 4/11/2020 3:50 AM

Author: Lonnie Moton, NP	Service: General Surgery	Author Type: Nurse Practitioner
Filed: 4/11/2020 4:13 AM	Date of Service: 4/11/2020 3:50 AM	Status: Signed
Editor: Lonnie Moton, NP (Nurse Practitioner)		Cosigner: Joseph W Redcross II, DO at 4/11/2020 3:46 PM

Skyla Tayler Britt is an 22 y.o. female with a PMHx of Cholecystitis s/p lap chole on 3/19/2020 at Douglas who post-op had a Bile leak. Patient is now s/p ERCP x2 with stent placement last done on 4/7/2020. On 3/31 dr. Andujar took patient for a diag lap, LOA, washout with drain placement on 3/31/2020. Patient was recently discharged on Wednesday on bactrim and doxycycline for 5 more days. Patient at that time was tolerating food and pain free. Please see discharge summary from 4/8/2020 for full admission details. Patient states since discharge her drain started to drain more with 750 ml Wednesday night per mom via phone and 1225 ml on Thursday. Patient states on Thursday she started to feel worse due to increase pain in her back, and N/V. She called into our office and spoke with Barbara NP and stated she was taking 4 different antibiotics cipro/flagyl, bactrim and doxycycline. Patient was instructed to continue bactrim/doxy and stop cipro/flagyl. N/V continued to worsen so she went to Emory Midtown ED for further evaluation.

I called Emory in order to get a read on the CT as she did not come with any records.
CT scan showed a appropriately positioned biliary stent and percutaneous drain with little fluid surrounding this catheter. There is a large well defined fluid collection measuring 13 x 9 x 6 with a small foci of air that is at the level of the gallbladder fossa extending into the gastric hepatic space, shifting the stomach to the left. This does not communicate with the current drainage catheter in place per Radiologist. She also has a well defined fluid-collection in the pelvis measuring 7 x 4.5 x 3.5 cm.
John O'keefe, MD

Patient reports a WBC of 17

All records have been requested by ED.

Abdominal Pain

This is a chronic problem. The current episode started 1 to 4 weeks ago. The onset quality is gradual. The problem occurs constantly. The problem has been gradually worsening. The pain is located in the epigastric region. The pain is at a severity of 9/10. The abdominal pain radiates to the back. Associated symptoms include anorexia, constipation, flatus, nausea and vomiting. The pain is aggravated by eating and movement. The pain is relieved by nothing. She has tried antibiotics for the symptoms. The treatment provided no relief. Prior diagnostic workup includes CT scan. Her past medical history is significant for abdominal surgery (s/p lap chole, s/p dia lap, LOA, washout).

154. Skyla is experiencing ongoing unnecessary suffering because of the delay in treatment.

155. On 4/11/20 Skyla has a CT showing minimal change in large perihepatic fluid collection when compared to the immediate prior study dated 4/6/2020, with no significant fluid surrounding the percutaneous drain.

- WSa 933

Result Date: 4/11/2020
EXAM: KH CT ABDOMEN/PELVIS WITH IV CONTRAST(CREATININE DRAW IF NEEDED) CLINICAL INDICATION: Abdominal abscess Abdominal pain. TECHNIQUE: Following IV administration of 75 mL of Omnipaque, CT scan of the abdomen and pelvis was performed with multiplanar reformatted images generated from the data set. Dose reduction techniques were utilized. COMPARISON: 4/6/2020. FINDINGS: Lower chest: Bilateral right pleural effusion. Decreased right lung atelectasis. The heart is normal in size. Liver: The liver is normal in size and morphology. No suspicious mass. Bile ducts: An internal biliary stent is identified. There is mild central intrahepatic biliary dilation. Gallbladder: Status post cholecystectomy Pancreas: No discrete mass identified. No main pancreatic duct dilation. Spleen: Normal. Adrenals: Normal. Kidneys: No suspicious mass. No hydroureteronephrosis. Bladder: Normal. Reproductive organs: Uterus is present. No suspicious adnexal mass. Bowel: No evidence for small bowel obstruction. There is mild thickening of the colon in the right upper quadrant and hemiabdomen which may relate to adjacent collection. The appendix is normal in appearance. Peritoneum/retroperitoneum: Overall, there is no significant change in size of a large perihepatic fluid collection with the largest component measuring approximately 12.5 x 6.1 cm, previously 12.9 x 6.0 cm. This tracks along the inferolateral aspect of the liver where there is a percutaneous drain placement. There is no significant degree of free fluid surrounding the drain. There is decrease in size of the well-defined pelvic fluid collection in the cul-de-sac measuring 6.8 x 4.4 cm, previously 3.1 x 5.2 cm. There is decrease in size of the fluid collection anterior to the uterus (series 201, image 128) Lymph nodes: No enlarged abdominal or pelvic lymph nodes. Vasculature: No aneurysmal dilation of the major abdominopelvic arteries. Abdominal/pelvic wall: Normal. Bones: No destructive osseous lesions.

. . Minimal change in large perihepatic fluid collection when compared to the immediate prior study dated 4/6/2020. No significant fluid surrounding the percutaneous drain. Decrease in size of fluid collection pelvic cul-de-sac. Reactive thickening of the small bowel and colon in the right hemiabdomen and lower pelvis. No significant change in positioning of the internal biliary stent. Decrease in right pleural effusion and atelectasis. Released By: MOHIT GUPTA, MD 4/11/2020 4:03 PM

156. This imaging indicates failure to control the leak.

April 12

157. On 4/12 around 1417 hrs, Skyla undergoes an MRCP without contrast, ordered by Dr. Joseph Redcross.

- WSa 1036-1037

MRCP without IV Contrast [884766027] Resulted: 04/12/20 1502, Result status: Final result

Ordering provider: Joseph W Redcross II, DO 04/12/20 0911
Resulted by: Mohit K Gupta, MD
Performed: 04/12/20 1417 - 04/12/20 1450
Narrative:
EXAM: KH MRCP W/O IV CONTRAST

CLINICAL INDICATION: Biliary obstruction suspected bile duct injury, unknown source

Order status: Completed
Filed by: Interface, Rad Powerscribe 04/12/20 1503
Accession number: 32652679

April 13

158. On 4/13 around 0915 hrs, Dr. Alan Zuckerman of interventional radiology performs a CT guided drainage of subhepatic biloma. A drain is placed.

- WSa 1038

CT Drainage (SPECIFY SITE) (Right; upper abdominal fluid collection drainage; KH VASCULAR INSTITUTE; fluid collection) [884766022] Resulted: 04/13/20 1006, Result status: Final result

Ordering provider: Nathan W Ertel, MD 04/12/20 0005
Resulted by: Alan M Zuckerman, MD
Performed: 04/13/20 0915 - 04/13/20 0949
Narrative:
HISTORY: Subhepatic biloma

PROCEDURE: CT guided drainage of subhepatic drain

Order status: Completed
Filed by: Interface, Rad Powerscribe 04/13/20 1009
Accession number: 32654209

…

A 5 French Yueh needle was advanced under sequential CT guidance. A because of change in respiratory motion, a second skin site was infiltrated with 2% lidocaine. Yueh needle was advanced under sequential CT guidance from the site until its tip was
within the targeted fluid collection. A 0.035 inch angled Glidewire was advanced through the Yueh. CT scanning demonstrates that the wire is well-positioned in the collection. The tract was dilated to 8 French. An 8 French locking pigtail drain was advanced over the wire. CT scanning at this point demonstrates that the drain is well-positioned in the collection.

- WSa 1024

Op Note

Alan M Zuckerman, MD at 4/13/2020 9:57 AM

Author: Alan M Zuckerman, MD
Filed: 4/13/2020 9:58 AM
Editor: Alan M Zuckerman, MD (Physician)

Service: Interventional Radiology
Date of Service: 4/13/2020 9:57 AM

Author Type: Physician
Status: Signed

QUANTUM RADIOLOGY

CT Guided Drainage of subhepatic biloma

Approximately 80 cc of bilious fluid with debrismanually aspirated.

8F drain placed.

Sample of fluid sent to lab for cultures.

No immediate complications.

Zuckerman

Electronically signed by Alan M Zuckerman, MD at 4/13/2020 9:58 AM

159. On 4/13 around 1616 hrs, Skyla has a consult with Sachin Goel, MD, of gastroenterology. Dr. Goel suspects a proximal ductal injury. His plan is to order an MRCP with EOVIST contrast. Dr. Goel consults Dr. Shroff, a hepatobiliary surgeon.

- WSa 945

Assessment:

- **Suspect proximal ductal injury with segment 6 and 7 draining into biloma. Difficult visualization due to large intervening biloma.**
- **All scans, MRCP, ERCP images reviewed with radiology**

Plan:

- **MRCP with EOVIST to clarify site of leak. Hopefully better visualization after drainage of biloma under left liver lobe**
- **Consult hepatobiliary surgery. Discussed with Dr shroff**
- **BS abx**
- **Keep NPO until MRI done. Can start low fat diet after MRI.**

160. On 4/13 around 1620 hrs, Skyla has a consult with Sahir Shroff, MD, of general surgery and surgical oncology.

- WSa 953

Consults by Sahir G Shroff, MD at 4/13/2020 4:20 PM

Author: Sahir G Shroff, MD | Service: General Surgery | Author Type: Physician
Filed: 4/13/2020 4:48 PM | Date of Service: 4/13/2020 4:20 PM | Status: Signed
Editor: Sahir G Shroff, MD (Physician)

Consult Orders
1. Inpatient consult to General Surgery [885001413] ordered by Sachin Goel, MD at 04/13/20 1604

Surgical Oncologyl Consult

161. Dr. Shroff plans for an MRI with EOVIST to evaluate the right hepatic artery.

- WSa 970

MRI with eovist
eval R heaptic artery

Shall follow with you,

Sahir Shroff, MD
SURGICAL ONCOLOGY
WELLSTAR SUMMIT SURGICAL SPECIALISTS
770-423-0395 (off)
770-499-0352 (fax)

4/13/2020 4:48 PM

162. On 4/13 around 2133 hrs, Skyla undergoes an MRCP with and without EOVIST contrast

- WSa 1040-1041

Resulted: 04/14/20 0931, Result status: Edited
Result - FINAL

MRI ABDOMEN W WO CONTRAST MRCP AST [885001416]

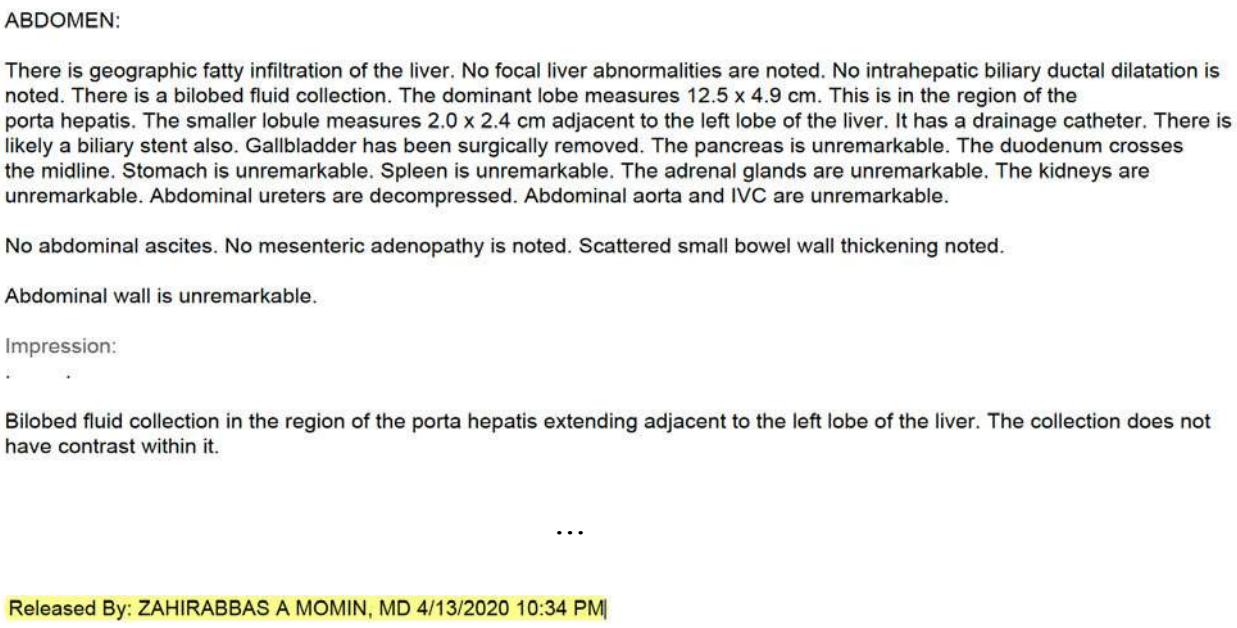
Ordering provider: Sachin Goel, MD 04/13/20 1604
Resulted by:
Zahirabbas A Momin, MD
Abraham Thomas, MD
Performed: 04/13/20 2133 - 04/13/20 2217
Addenda signed by Abraham Thomas, MD on 04/14/20 0931
ADDENDUM:

Order status: Completed
Filed by: Interface, Rad Powerscribe 04/14/20 0932

Accession number: 32656586

163. On 4/13 around 2234 hrs, radiologist Zahirabbas A Momin, MD, releases a report on the MRCP with EOVIST contrast. The report does not identify the source of the bile leak.

- WSa 1041-42



ABDOMEN:

There is geographic fatty infiltration of the liver. No focal liver abnormalities are noted. No intrahepatic biliary ductal dilatation is noted. There is a bilobed fluid collection. The dominant lobe measures 12.5 x 4.9 cm. This is in the region of the porta hepatis. The smaller lobule measures 2.0 x 2.4 cm adjacent to the left lobe of the liver. It has a drainage catheter. There is likely a biliary stent also. Gallbladder has been surgically removed. The pancreas is unremarkable. The duodenum crosses the midline. Stomach is unremarkable. Spleen is unremarkable. The adrenal glands are unremarkable. The kidneys are unremarkable. Abdominal ureters are decompressed. Abdominal aorta and IVC are unremarkable.

No abdominal ascites. No mesenteric adenopathy is noted. Scattered small bowel wall thickening noted.

Abdominal wall is unremarkable.

Impression:

Bilobed fluid collection in the region of the porta hepatis extending adjacent to the left lobe of the liver. The collection does not have contrast within it.

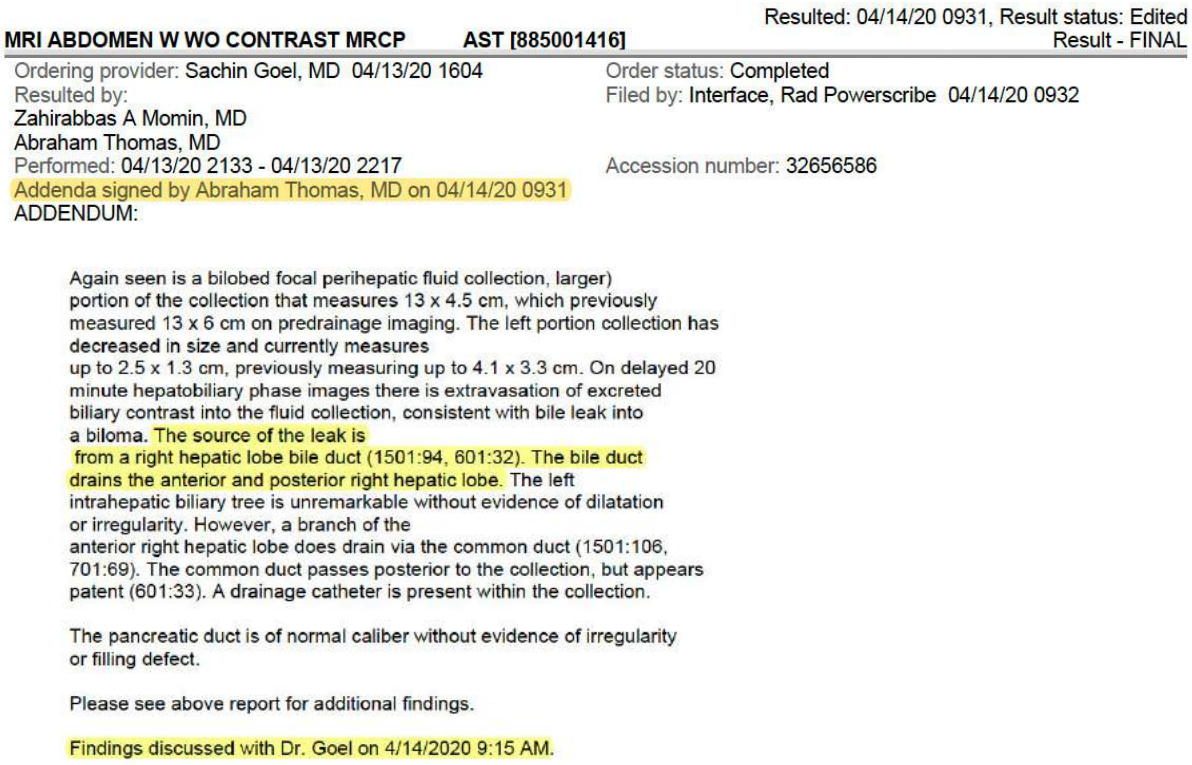
…

Released By: ZAHIRABBAS A MOMIN, MD 4/13/2020 10:34 PM

April 14

164. On 4/14 around 0931 hrs, radiologist Abraham Thomas, MD, writes an addendum to the report on the MRCP with EOVIST. Dr. Thomas identifies the source of the bile leak as the right hepatic lobe duct.

- WSa 1040-1041



Resulted: 04/14/20 0931, Result status: Edited
Result - FINAL

MRI ABDOMEN W WO CONTRAST MRCP AST [885001416]

Ordering provider: Sachin Goel, MD 04/13/20 1604
Resulted by:
Zahirabbas A Momin, MD
Abraham Thomas, MD
Performed: 04/13/20 2133 - 04/13/20 2217
Addenda signed by Abraham Thomas, MD on 04/14/20 0931
ADDENDUM:

Order status: Completed
Filed by: Interface, Rad Powerscribe 04/14/20 0932

Accession number: 32656586

Again seen is a bilobed focal perihepatic fluid collection, larger) portion of the collection that measures 13 x 4.5 cm, which previously measured 13 x 6 cm on predrainage imaging. The left portion collection has decreased in size and currently measures up to 2.5 x 1.3 cm, previously measuring up to 4.1 x 3.3 cm. On delayed 20 minute hepatobiliary phase images there is extravasation of excreted biliary contrast into the fluid collection, consistent with bile leak into a biloma. The source of the leak is from a right hepatic lobe bile duct (1501:94, 601:32). The bile duct drains the anterior and posterior right hepatic lobe. The left intrahepatic biliary tree is unremarkable without evidence of dilatation or irregularity. However, a branch of the anterior right hepatic lobe does drain via the common duct (1501:106, 701:69). The common duct passes posterior to the collection, but appears patent (601:33). A drainage catheter is present within the collection.

The pancreatic duct is of normal caliber without evidence of irregularity or filling defect.

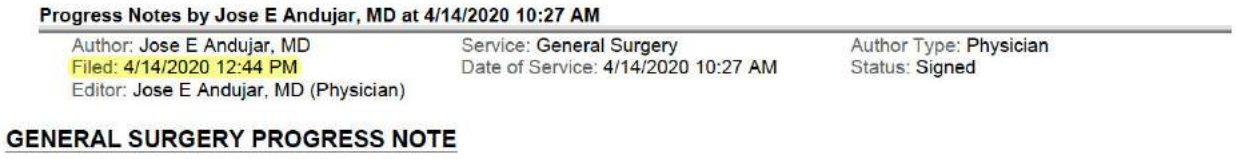
Please see above report for additional findings.

Findings discussed with Dr. Goel on 4/14/2020 9:15 AM.

165. Now we know where the leak is situated and it appears this study which for sure could have been ordered during the two prior admissions only took place once Sahir Shroff MD was consulted on 4/12.

166. On 4/14 around 1244 hrs, general surgeon Dr. Andujar notes as follows.

- WSa 983



Progress Notes by Jose E Andujar, MD at 4/14/2020 10:27 AM

Author: Jose E Andujar, MD
Filed: 4/14/2020 12:44 PM
Editor: Jose E Andujar, MD (Physician)

Service: General Surgery
Date of Service: 4/14/2020 10:27 AM

Author Type: Physician
Status: Signed

GENERAL SURGERY PROGRESS NOTE

…

Last 24 hrs notable for GI consulted again this admission and then consulted Dr. Shroff. New drain placed in IR on left side yesterday (325 ml) and left in IR drain on Right (150 ml day shift and then 0). Patient states Dr. Shroff rounded early this morning and she stated per their conversation she might have her Right drain removed tomorrow, go home with left drain and recover for several weeks and then come back for biliary reconstruction. Patient seems happier and content with plan.

167. On 4/14 around 1243 hrs, Dr. Shroff writes a progress note as follows:

- WSa 990

Progress Notes by Sahir G Shroff, MD at 4/14/2020 12:40 PM

Author: Sahir G Shroff, MD
Filed: 4/14/2020 12:43 PM
Editor: Sahir G Shroff, MD (Physician)
Service: General Surgery
Date of Service: 4/14/2020 12:40 PM
Author Type: Physician
Status: Signed

- WSa 992

Eovist MRI reviewed
R hepatic ductal injury
Needs repair
Await resolution of biloma
Remove right drain
Re scan in 48hrs to ensure biloma is decreasingin size
Monitor fluid and electrolytes
Will need to d/c on home on IV fluids to prevent dehydration.
Discussed with pat and mom
Shall follow closely

Sahir Shroff MD
Surgical Oncology
Wellstar Summit Surgical
12:40 PM

Electronically signed by Sahir G Shroff, MD at 4/14/2020 12:43 PM

168. A plan is now in place. If Sahir Shroff, MD, been brought in right away on 3/24/2020, all of these weeks of suffering could have been avoided.

April 15

169. On 4/15 around1625 hrs, Dr. Shroff recommends a PICC line placed for IV hydration at home.

- WSa 995

Progress Notes by Sahir G Shroff, MD at 4/15/2020 4:24 PM

Author: Sahir G Shroff, MD | Service: General Surgery | Author Type: Physician
Filed: 4/15/2020 4:25 PM | Date of Service: 4/15/2020 4:24 PM | Status: Signed
Editor: Sahir G Shroff, MD (Physician)

- WSa 997

Expect biloma to decrease
If biloma is reducing iin size, ok to d/c home with saline flushes, Picc and home iv fluids
F/u office 1 week for re eval

Sahir Shroff MD
Surgical Oncology
Wellstar Summit Surgical
4:24 PM

Electronically signed by Sahir G Shroff, MD at 4/15/2020 4:25 PM

170. A PICC line was placed because Skyla Britt had intravenous antibiotics and IV fluid requirements to prevent dehydration. This is a consequence of the delayed treatment.

April 16

171. On 4/16 around 0919 hrs, Skyla has a non-contrast CT scan. Radiologist Dr. Abraham Thomas reports that the previously seen perihepatic biloma has been decompressed. The drainage catheter associated with the collection is again seen.

- WSa 1043

CT Abdomen/Pelvis without IV Contrast [885001430] Resulted: 04/16/20 0955, Result status: Final result

Ordering provider: Sahir G Shroff, MD 04/16/20 0005 | Order status: Completed
Resulted by: Abraham Thomas, MD | Filed by: Interface, Rad Powerscribe 04/16/20 0956
Performed: 04/16/20 0919 - 04/16/20 0919 | Accession number: 32663384
Narrative:
EXAM: KH CT ABDOMEN/PELVIS W/O IV CONTRAST

CLINICAL INDICATION: biloma , s/p drainage

...

FINDINGS:
VISUALIZED LUNG BASES: Previously seen right pleural effusion has resolved.

HEPATOBILIARY: No suspicious hepatic lesions are seen. Hepatic steatosis. Status post cholecystectomy. Interval placement of a common bile duct stent. No definite evidence of intrahepatic biliary dilatation on this noncontrast exam. Previously seen perihepatic biloma has been decompressed. Drainage catheter associated with the collection is again seen.

172. So now the leak is confirmed to be under control. Sahir Shroff, MD, is the ONLY physician who seems to understand the importance of control.

Reconstruction Surgery: 5/5 to 5/9 (Wellstar Kennestone)

173. On 4/29/20, Skyla had preoperative evaluation and risk discussion for biliary reconstruction.

- WSa 1420

04/29/2020 - Pre-op in Wellstar Surgical Oncology Marietta

Visit Information

Provider Information

Encounter Provider	Authorizing Provider	Referring Provider
Sahir G Shroff, MD	Sahir G Shroff, MD	Jennifer L Densmore, NP

Department

Name	Address	Phone	Fax
Wellstar Surgical Oncology Marietta	590 Nancy Street Marietta GA 30060-1334	770-423-0395	770-499-0352

Follow-up and Dispositions

- Return for postop.

Level of Service

Level of Service
PR OFFICE/OUTPT VISIT,EST,LEVL II

Reason for Visit

Chief Complaints

- Pre-op Exam (hepaticojejunostomy)
- Drain Check (drain is not working properly per pt)

174. From 5/5/2020 through 5/09/2020, Skyla was inpatient for repair surgery by Sahir Shroff, MD.

- WSa 1432

Admission Information

Arrival Date/Time:		Admit Date/Time:	05/05/2020 1020	IP Adm. Date/Time:	05/05/2020 1828
Admission Type:	Elective	Point of Origin:	Self Referral	Admit Category:	
Means of Arrival:	Car	Primary Service:	General Surgery	Secondary Service:	N/A
Transfer Source:		Service Area:	WS SERVICE AREA	Unit:	Wellstar Kennestone Hospital (KH G5S SURGERY)
Admit Provider:	Sahir G Shroff, MD	Attending Provider:	Sahir G Shroff, MD	Referring Provider:	Sahir G Shroff, MD

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
05/09/2020 1225	Home Or Self Care	None	None	Wellstar Kennestone Hospital (KH G5S SURGERY)

- WSa 1533

DATE OF ADMISSION: 05/05/2020

DATE OF OPERATION: 05/05/2020

PREOPERATIVE DIAGNOSIS: Right hepatic bile duct injury.

POSTOPERATIVE DIAGNOSIS: Right hepatic bile duct injury with intact right hepatic artery.

PROCEDURE:
1. Exploratory laparotomy.
2. Extensive lysis of adhesions (2 hours).
3. Drainage of biloma.
4. Identification of R hepatic arterial pulse.
5. Kocherization of duodenum.
6. Roux-en-Y Right hepaticojejunostomy.
7. Application of amniofix.

SURGEON: SAHIR G. SHROFF, MD.

Summary Opinion

175. After a thorough review of these records regarding Skyla my opinion to a reasonable degree of medical certainty is that the following physicians deviated in the standard of care.

Surgery & Follow-Up Grant Taylor, MD, General Surgeon

Dr. Grant Taylor for performing an unnecessary laparoscopic cholecystectomy and then causing serious injury to Skyla Britt. If Dr. Grant Taylor had taken a full history from Skyla Britt, the gastroenterologist consult would have been revealed,

and Dr. Grant Taylor would then have been able to contact Dr. Subodh Lai and requested the office record. Dr. Grant Taylor could have been aware of the consultation by Subodh Lai MD who concluded there was 'a low yield for a GI etiology of her pain', and who then recommended endoscopy and a CT with contrast to further investigate the problem. These studies were not performed prior to Dr. Grant Taylor seeing Skyla Britt or prior to surgery. The consultation with Dr. Lai appears out of order in the file from Wellstar Kennestone Hospital but I do not know if it was in the chart when Dr. Grant Taylor first saw Skyla Britt

Instead of jumping to the conclusion that the pain was gallbladder related, Dr. Grant Taylor should have referred Skyla Britt to GI for a complete work up.

I am assuming that Dr. Grant Taylor took the 77.5% gallbladder emptying study as a sign of a hypercontractile gallbladder. However, nowhere in his notes does it appear that he diagnosed a hypercontractile gallbladder, so I am unsure of his reasoning

The published data regarding hypercontractile gallbladder show it is rare condition marked by a greater than 80% emptying fraction, and almost all patients are in the 90% range. The study can vary from time to time in the same patient and should be confirmed with a repeat study prior to making the diagnosis. Furthermore, patients relate their pain to eating and they feel pain when the CCK used in the test to cause gallbladder emptying is injected which was NOT the case with Skyla Britt

Dr. Grant Taylor's decision to operate without first excluding other causes raised by gastroenterology such as gastritis or a peptic ulcer was reckless. It is not surprising that her original pain persists despite all she has been through.

Dr. Grant Taylor could have aborted the operation upon finding that 80% of the gallbladder was intrahepatic. He is not a hepatobilary surgeon, and dissection within the liver and the porta hepatis is not within the skill set of the average general surgeon. His identification of the vital structures within the porta hepatis was clearly erroneous. He did not follow the guidelines of obtaining a critical view or using the domedown approach.

I do not fault him for not knowing about the intrahepatic gallbladder but when he found a gallbladder which was 80% within the liver I believe the average general surgeon would have aborted the operation in view of the soft evidence to carry out the operation in the first place, and recognize this was not the 'average laparoscopic cholecystectomy' and call for an intraoperative consult from the hepatobiliary

service which is present at Wellstar Kennestone Hospital. Had this been done this complication would more likely than not have been avoided.

Dr. Grant Taylor saw Skyla Britt on the 24th March 5 days following surgery for a postoperative visit and his note indicates she was not making the expected recovery and he recognized there may be a bile leak. Unfortunately, the HIDA scan turns out to have been misread because when it was reviewed a leak was shown. However, in the face of a negative HIDA scan, Dr. Grant Taylor was then obliged to explain the lack of progress and should have obtained a stat ultrasound or CT scan. Reference is made to an elevated WBC and abnormal liver function tests (I did not see those), but it is more likely than not that an ultrasound or CT would have shown an abnormal fluid collection in the surgical field which would then have confirmed the leak.

It was a deviation in the standard of care to rely on the HIDA scan alone in a patient who was not progressing as expected following a laparoscopic cholecystectomy and instead of admitting her for hydration and further investigation, he sent her home planning to see her a week later.

It is widely accepted that the sooner a bile duct injury is recognized the better the outcome. Furthermore, it is also recognized that the surgeon who caused the injury is not the appropriate person to perform the repair but instead is within the skill set of a hepatobilary surgeon. If Dr. Grant Taylor had followed the proper course on the 24th March he would have confirmed his fear of a bile leak with HIDA, ultrasound and/or CT scan and immediately called for advice from Sahir Shroff MD. Instead, Skyla Britt went home to suffer further.

Four days later on 3.28.20 Skyla Britt was admitted from the ER with worsening abdominal pain and imaging showed a complex fluid collection clearly confirming a bile leak. A percutaneous drainage of the fluid and ERCP with sphincterotomy and stent were performed The ERCP did not show a leak.

Dr. Grant Taylor does not appear in the notes after this date.

HIDA Scan & Failure to Report Bile Leak Charles Sykes, MD, Radiologist

Dr. Sykes violated the standard of care by failing to report a leak on the 3/24/2020 HIDA scan.

I am not a radiologist. However, we know from the 3/28/2020 addendum to the HIDA report that the imaging showed a bile leak. I know from years of experience with radiologists that the standard of care requires reporting a visible bile leak.

Skyla Britt did not progress as expected following laparoscopic cholecystectomy and Dr. Grant Taylor was concerned about a leak. The HIDA scan was erroneously reported as showing no leak. This error led to a delay in the institution of appropriate treatment and allowed more bile to leak into the peritoneal cavity resulting in a complex multilocular infected collection, which was more troublesome to drain and led to prolongation of pain, suffering and the need for multiple percutaneous drains and a laparoscopic washout operation for Skyla Britt.

Post-OP ED Visit 1

Raja Shekhar R Sappati-Biyyani, MD (gastroenterology)

Jose Andujar, MD & Quatina Rivers-Fleming, NP (general surgery)

Dr. Sappati-Biyyani violated the standard of care by failing to consult a hepatobilary surgeon in a timely manner and failing to obtain an MRCP when an ERCP procedure failed to show a leak despite ongoing intraabdominal fluid collections. The ERCP procedure waas appropriately carried out without complication, but an interventional gastroenterologist has the obligation not only to perform the procedure but ensure that its effectiveness is monitored. Dr. Biyyani signed off on 3/31, before Skyla was discharged, and without advising the attending hospitalist on the appropriateness of discharge on 4/1.

Dr. Jose Andujar, through his nurse practitioner, continued to follow Skyla until the day of discharge but improperly endorsed discharge on 4/1. This also violated the standard of care.

The purpose of a stent is to divert bile from the leak into the duodenum and allow the leak to heal. The information required to document this includes a significant decrease in the output of bile from the external drain and follow up imaging to show that the fluid collection is decreasing in size. Skyla Britt was sent home without

documentation that the leak was controlled of this information after the first ERCP, and this led to infected fluid remaining in the peritoneal cavity for longer.

Furthermore, consultation with a hepatobilary surgeon during this first ERCP admission would have shortened the course of this complication. Evidence for this is that when Sahir Shroff MD was eventually consulted, the leak was identified by MRCP, and a plan made for surgery. His note states that follow up imaging was required to document adequate resolution of the infected collection of bile. Sahir Shroff MD postponed surgery until the infected fluid collections were drained to permit safe reconstructive surgery. Sahir Shroff MD was aware of the importance of measuring the drain output.

This was a surgical complication from the laparoscopic cholecystectomy and required the combined skills of a hepatobilary surgeon and gastroenterologist to treat right from the time that a leak was recognized to deal with the complication as efficiently and safely as possible.

Post-Op ED Visit 2

Arif A. Aziz, MD & Jeffrey L. Kim, MD (gastroenterology)

Joseph Redcross, DO & Barbara D. Tanner-Torres, NP (general surgery)

These providers violated the standard of care in essentially the same ways as described above, concerning post-op ED visit 1. Again, an ERCP was performed by Dr. Aziz without identifying the source of the bile leak. Again, the MRCP with EOVIST was not performed. And again Skyla was discharged even though her drainage output was not markedly diminishing. Dr. Kim authorized her discharge by relying on Skyla Britt's personal assessment of her drain output.

Communication, Coordination, & Patient Handoffs

Deficiencies in the systems and general practices at Wellstar Kennestone Hospital very likely contributed to the medical malpractice suffered by Skyla Britt. The involvement of multiple providers, as in Skyla's case, creates a risk of poor

communication and assumptions by each provider that another is attending to an issue. These risks are well known in healthcare organizations, and they require affirmative action to prevent these risks from leading to medical error that causes serious harm. That is, without well designed and maintained systems and organizational cultures, the individual clinicians are being set up for failure. Furthermore, the individual clinicians are not in a position to fix poorly designed or poorly maintained systems. Clinicians must rely on hospital administrators to properly design and maintain the system. Administrative negligence likely contributed to the combination of errors that harmed Skyla Britt.

CONCLUSION

I hold these opinions to a reasonable degree of medical certainty — that is, more likely than not.

This affidavit does not exhaust my opinions, and I may elaborate on these opinions in deposition or trial.

Peter M. Mowschenson, MD

SWORN TO AND SUBSCRIBED before me

February 23rd, 2021

NOTARY PUBLIC

My Commission Expires: June 30th 2028

ANDREEA G. STOJANI
Notary Public, Commonwealth of Massachusetts
My Comission Expires June 30, 2028

Curriculum Vitae

Date Prepared: 11/11/19

Name: Peter Michael Mowschenson

Office Address: 1180 Beacon St.
Brookline, MA 02446

Home Address: 1 Charles St. South, 15D
Boston, MA 02116

Work Phone: 617-735-8868

Work Email: pmowsche@caregroup.harvard.edu

Work FAX: 617-730-9845

Place of Birth: Penang, Malaya

Education

1969	B.Sc. (First Class Honours)	Guy's Hospital Medical School, University of London, England
1973	L.R.C.P., M.R.C.S.	
1973	M.B.,B.S. (First Class Honors)	
1975	M.R.C.P. (U.K.)	
1977	F.R.C.S. (Eng)	

Postdoctoral Training

1973-1975	Registrar	Surgery	Guy's Hospital, London
1975-1979	Resident	Surgery	Beth Israel Hospital
1979-1980	Surgical Coordinator		Beth Israel Hospital
1980-1982	Fellow	Endocrinology	Harvard School of Public Health

Faculty Academic Appointments

7/81-9/90	Clinical Instructor in Surgery	Harvard Medical School
1990-2016	Clinical Assistant Professor of Surgery	Harvard Medical School

2017	Assistant Professor of Surgery	Harvard Medical School

Appointments at Hospitals/Affiliated Institutions

1981-1987	Assistant Surgeon	Dept. of Surgery	Beth Israel Hospital
1987-1988	Associate Surgeon	Dept. of Surgery	Beth Israel Hospital
1989-	Surgeon	Dept. of Surgery	Beth Israel Hospital [after 1996: Beth Israel Deaconess Medical Center]

Major Administrative Leadership Positions

Local

1984-1988	Chief of Surgery, Brookline Hospital, Brookline, MA
1994-1997	Executive Board Member, Harvard Center for Minimally Invasive Surgery
1995- 2019	President, Affiliated Physicians Inc., Beth Israel Deaconess Medical Center [prior to 1996: Affiliated Physicians Inc., Beth Israel Hospital]
1996-2014	Vice President & Board Member, Beth Israel Deaconess Care Organization [prior to 2013: Beth Israel Deaconess Physicians Organization]
2001-2010	Member, Board of Trustees, Beth Israel Deaconess Medical Center
2014-Present	Board Member, Beth Israel Deaconess Care Organization

Committee Service

Local

1982-2000	Staff Council	Beth Israel Hospital
1988-2001	Medical Executive Committee	Beth Israel Hospital [after 1996: Beth Israel Deaconess Medical Center]

Professional Societies

1983-Present	American Association of Endocrine Surgeons	Member
1983-Present	American College of Surgeons	Fellow
1987-	Boston Surgical Society	Member

Present		
1981-Present	Massachusetts Medical Society	Member
1990-Present	Society Of Laparendoscopic Surgeons	Member
1990-Present	New England Surgical Society	Member
1990-Present	Society for Surgery of the Alimentary Tract	Member

Honors and Prizes

1968	Michael Harris Prize In Anatomy	Guy's Hospital Medical School
	Gowland Hopkins Prize In Biochemistry	Guy's Hospital Medical School
	Pharmacology Prize	Guy's Hospital Medical School
	University Award For Best Performance In 2nd M.B. Examination	Guy's Hospital Medical School
1970	Dermatology Prize	Guy's Hospital Medical School
1971	Charles Oldham Prize in Ophthalmology	Guy's Hospital Medical School
1972	Beaney Prize In Patholgy	Guy's Hospital Medical School
	Golding Bird Gold Medal and Scholarship in Bacteriology	Guy's Hospital Medical School
	Hillman Prize In Paediatrics	Guy's Hospital Medical School
	Hillman Prize In Haematology 1973	Guy's Hospital Medical School
	Charles Foster Prize In Cardiology	Guy's Hospital Medical School
	Begley Prize of The Royal College of Surgeons	The Royal College of Surgeons
	Honours in the Final M.B.,B.S. Examination in Medicine, Surgery, Pharmacology, Pathology	Guy's Hospital Medical School
	University Gold Medal - Top Performance in the final qualifying examination for M.B.,B.S.	Guy's Hospital Medical School
1975	Hallet Prize of The Royal College of Surgeons for Top Performance in the F.R.C.S Examination	The Royal College of Surgeons
1976	Harris Yett Prize In Orthopaedics	Beth Israel Hospital

1986	Harold Bengloff Award	Dept. of Surgery, Beth Israel Hospital	Teaching
2004	Harold Bengloff Award	Dept. of Surgery, Beth Israel Deaconess Medical Center	Teaching

Report of Local Teaching and Training

Teaching of Students in Courses

1981-present	*Introduction to Clinical Medicine* Surgical preceptor for Harvard Medical Students	Beth Israel Deaconess Medical Center [prior to 1996: Beth Israel Hospital] 2 hrs per week
2000-2013	"Surgery of Inflammatory Bowel Disease" *Core Clerkship in Surgery* 3rd year medical students	Beth Israel Deaconess Medical Center 1 hr lecture, 3-4 times/year

Formal Teaching of Residents, Clinical Fellows and Research Fellows (post-docs)

1988-1993	Text Review sessions for surgical residents. Weekly sessions for topic review and regular multiple choice question examination.	Beth Israel Hospital 4 hrs weekly

Clinical Supervisory and Training Responsibilities

1981-	*Core Clerkship in Surgery* 3rd year medical students Clinical teacher on rounds and in the OR	Beth Israel Deaconess Medical Center [prior to 1996: Beth Israel Hospital] 3-4 operative days; daily inpatient rounds
1981-	*Residency Program in General Surgery* PGY 1-5 Clinical teacher on rounds and in the OR	Beth Israel Deaconess Medical Center [prior to 1996: Beth Israel Hospital] 3-4 operative days; daily inpatient rounds

Formal Teaching of Peers (e.g., CME and other continuing education courses)

No presentations below were sponsored by outside entities.

1992- 2016	Mowschenson PM. Advances in the Medical And Surgical Treatment of Inflammatory Bowel Disease. Harvard Medical School Department of Continuing Education.	Boston, MA

Local Invited Presentations

No presentations below were sponsored by outside entities.

1983	Surgical Treatment of Hyperparathyroidism. Surgical Grand Rounds/Beth Israel Hospital, Boston, MA

1987	Management of substernal goiters. Primary Care rounds/Beth Israel Hospital, Boston, MA
1989	Controversies regarding Hyperparathyroidism. Surgical Grand Rounds/Beth Israel Hospital, Boston, MA
1990	Abdominal Pain. Medical Grand Rounds/Beth Israel Hospital, Boston, MA
1991	Surgical approach to thyroid disorders. Primary Care Rounds/Beth Israel Hospital, Boston, MA
1991	Current options in the surgery of ulcerative colitis. Anesthesia Grand Rounds/Beth Israel Hospital, Boston, MA
1992	Developments in ileoanal pouch surgery at Boston's Beth Israel Hospital. Surgical Grand Rounds/Beth Israel Hospital, Boston, MA
1993	The Ileoanal Pouch Operation: Controversies and Outcome. Surgical Grand Rounds/Brigham & Women's Hospital, Boston, MA
1994	Surgical advancements in the treatment of inflammatory bowel disease. Medical Grand Rounds/Beth Israel Hospital, Boston, MA
1995	Ileoanal pouch surgery. Surgical Grand Rounds/New England Deaconess Hospital , Boston, MA
1996	Surgical Management of Hyperparathyroidism. Surgical Grand Rounds/Mt. Auburn Hospital, Cambridge, MA
1997	Advances in the surgical treatment of inflammatory bowel disease. Postgraduate course/Beth Israel Deaconess Medical Center, Boston, MA
1999	Advances in the surgical treatment of inflammatory bowel disease. Postgraduate course/Beth Israel Deaconess Medical Center, Boston, MA
2000	Ten years of ileoanal pouch surgery. What lessons can be learned? Surgical Grand Rounds/Beth Israel Deaconess Medical Center, Boston, MA
2001	Current Surgical Treatment of Inflammatory Bowel Disease. Postgraduate course/Beth Israel Deaconess Medical Center, Boston, MA
2005	Instructor in Laparoscopic Colectomy. Postgraduate course/Beth Israel Deaconess Medical Center, Boston, MA
2014	Is our treatment of Hyperparathyroidism evidence based? Annual Pallotta Stevens Lecture: Beth Israel Deaconess Medical Center, Boston, MA
2014	Is our treatment of Hyperparathyroidism evidence based? Surgical Grand Rounds/Mount Auburn Hospital, Cambridge, MA

2015 Hyperparathyroidism. To Operate or Not. What is the evidence?
Surgical Grand Rounds/Beth Israel Deaconess Medical Center, Boston, MA

Report of Regional, National and International Invited Teaching and Presentations

Invited Presentations and Courses

No presentations below were sponsored by outside entities.

Regional

1984 Surgical Treatment of Hyperparathyroidism.
Surgical Grand Rounds/Salem Hospital, Salem, MA

1986 Surgical Treatment of Hyperparathyroidism.
Surgical Grand Rounds/Bay State Medical Center, Springfield, MA

1990 Controversies regarding Hyperparathyroidism
Medical Grand Rounds/Hale Hospital Haverhill MA

1991 Advances in ileoanal pouch surgery.
Surgical Grand Rounds/Bay State Medical Center, Springfield, MA

1991 Advances in ileoanal pouch surgery.
Surgical Grand Rounds/Salem Hospital, Salem, MA

1991 Advances in ileoanal pouch surgery.
Surgical Grand Rounds/St. Vincent's Hospital, Univ. of Massachusetts, Worcester, MA

1992 Advances in ileoanal pouch surgery.
Surgical Grand Rounds/Univ. of Massachusetts Medical Center, Worcester, MA

1992 Improving the cost effectiveness of laparoscopic cholecystectomy.
Massachusetts Chapter, American College of Surgeons

1992 Developments in ileoanal pouch surgery at Boston's Beth Israel Hospital.
Surgical Grand Rounds/Framingham Union Hospital, Framingham, MA.

1994 Management of the Rectum in ulcerative colitis.
Spring meeting Massachusetts Chapter, American College of Surgeons, Needham, MA

1994 Preservation of sexual and urinary function following ultralow rectal dissection for the ileoanal pouch operation.
New England Surgical Society

1995 Thyroid surgery - How I do it.
Massachusetts Chapter, American College of Surgeons

1998 New Strategies in IBD therapy.
Rhode Island Chapter, Crohn's and Colitis Foundation, Newport, RI

1999 Controversies in the treatment of ulcerative colitis.

New England Surgical Society Spring Meeting, Boston, MA

1999 Ileoanal Pouch Operation: Long Term Outcome With or Without Diverting Ileostomy.
New England Surgical Society Annual Meeting

2002 Controversies in inflammatory bowel disease.
New England Surgical Society Annual Meeting September 2002

2013 Advances in thyroid and parathyroid surgery.
St. Elizabeth's Medical Center, Boston, MA

National

1992 Developments in ileoanal pouch surgery at Boston's Beth Israel Hospital.
Buffalo Surgical Society, Buffalo, NY

1992 Advances in the Medical and Surgical Therapy of IBD.
Crohn's & Colitis Foundation of America, Inc.

1993 **Mowschenson PM,** Critchlow JF, Rosenberg SJ, Peppercorn MA. Ileoanal pouch operation without diverting ileostomy in fulminant ulcerative colitis.
American Gastroenterology Association, Boston, MA

1994 Crohn's and Colitis Foundation physician's seminar on surgical treatment of ulcerative colitis.

1994 **Mowschenson** PM, Hodin RA, Wang HH, Upton M, Silen W. Fine Needle Aspiration of Normal Thyroid Tissue May result In the Misdiagnosis of Follicular Neoplasms.
American Association of Endocrine Surgeons

1994 American Gastroenterology Association New Orleans Forum on Inflammatory Bowel Disease, New Orleans, LA

1994 **Mowschenson PM**, Critchlow JF. Outcome of surgical complications following ileoanal pouch operation without diverting ileostomy.
Society for Surgery of the Alimentary Tract, New Orleans, LA

1995 Surgical approaches to IBD during pregnancy - Inflammatory Bowel Disease Forum
American Gastroenterology Association, San Diego, CA

1995 Feasibility of outpatient thyroid and parathyroid operations.
American Association of Endocrine Surgeons

1996 Surgical Management of Crohn's disease. Crohn's and Colitis foundation

1999 Green A.K., **Mowschenson P**, Hodin RA. Is radioguided parathyroidectomy really cost-effective? American Association of Endocrine Surgeons, Yale, New Haven, CT

International

1999 Experience with outpatient thyroid and parathyoid surgery.

Retirement symposium for Professor the Lord McColl/Guy's Hospital, London

Report of Clinical Activities and Innovations

Current Licensure and Certification

1976	Massachusetts medical license
1980	Board certification in general surgery (Recertified in 1989, 2001, 2009)

Practice Activities

1981-	General Surgery (thyroid, parathyroid surgery)	Beth Israel Deaconess Medical Center [prior to 1996: Beth Israel Hospital]	3-4 operative days; daily inpatient rounds

Report of Education of Patients and Service to the Community

Recognition

2009-2015	Best Doctors Boston
2010-2014	America's Top Surgeons Consumer Council of America
2010-2015	Patient's Choice Award
2011-2014	Most Compassionate Dr. Award
2013-2015	Town of Brookline Favorite Doctor Award
2013-2015	Boston Super Doctors
2014-2016	Talk of the Town Massachusetts: Excellence in Patient Satisfaction

Report of Scholarship

Publications

Peer reviewed publications in print or other media

Research Investigations

1. Davies GC, **Mowschenson PM**, Salzman EW. Thromboxane B2 and fibrinopeptide A levels in Platelet consumption and thrombosis. Surg Forum 1978;29:471-472.

2. **Mowschenson PM**, Schonbrunn A. Leupeptin inhibits stimulated prolactin synthesis and secretion in a clonal strain of rat pituitary cells. Prog. of the 63rd Meeting of the Endocrine Society, Cincinnati Ohio .1981.

3. **Mowschenson PM**, Rosenberg S, Pallotta J, Silen W. Effect of hyperparathyroidism and hypercalcaemia on lower esophageal sphincter pressure. Am J Surgery 1982;143:36-39.

4. Kim D, Porter DH, Siegel JB, **Mowschenson PM**, Steer ML. Common bile duct biopsy with the Simpson atherectomy catheter. Am J Roentgenol 1990;154(6):1213-5.

5. Lion J, Vertrees J, Malbon A, Harrow B, Collard A, **Mowschenson PM**. The case mix of ambulatory surgery as measured by ambulatory visit groups. J Ambul Care Manage 1990;13(1):33-45.

6. Lion J, Vertrees J, Malbon A, Collard A, **Mowschenson PM**. Toward a prospective payment system for ambulatory surgery. Health Care Financ Rev 1990;11(3):79-86.

7. **Mowschenson PM**, Critchlow JA, Peppercorn MA. The ileoanal pouch operation without covering ileostomy. American Society of Gastroenterology, New Orleans. June 1991

8. **Mowschenson PM**, Critchlow JF, Rosenberg SJ, Peppercorn MA. The rectal inhibitory reflex is not required for the preservation of continence following ileoanal pouch operation. American Society of Gastroenterology, San Francisco May 1992

9. Muggia A, **Mowschenson PM**, Chopra S. Urinary ascites in the immediate postpartum period. Am J Gastroenterol 1992;87(9):1196-7.

10. **Mowschenson P**, Weinstein M. Why catheterize the bladder for laparoscopic cholecystectomy? J Laparoendosc Surg 1992;2(5):215-217.

11. **Mowschenson PM**, Critchlow JF, Rosenberg SJ, Peppercorn MA. Pouch ileoanal anastomosis without diverting ileostomy in fulminant ulcerative colitis. Annales de Chirugie 1992;46(10) International Symposium on the Pouch Anal Anastomosis. Versailles, France.

12. **Mowschenson PM**. Improving the cost effectiveness of laparoscopic cholecystectomy. J Laparoendosc Surg 1993;3(2):113-9.

13. Laparoscopically assisted intestinal resection: Preliminary results from the Harvard interhospital laparoscopic group (HILG) Accepted for S.S.A.T. May 1993

14. **Mowschenson PM**, Critchlow JF, Rosenberg SJ, Peppercorn MA. Ileoanal pouch operation without diverting ileostomy in fulminant ulcerative colitis. Gastroenterology 1993;104 (4):A749.

15. **Mowschenson PM**, Resnick RH, Parker JH, Critchlow JF. Ileoanal pouch mucosal permeability assessment using oral (99MTC) DTPA. Gastroenterology 1993;104 (4):A749.

16. **Mowschenson PM**, Critchlow JF, Rosenberg SJ, Peppercorn MA. The ileoanal pouch operation: Factors favoring continence, the avoidance of a diverting ileostomy, and small bowel conservation. Surg Gynecol Obstet 1993;177(1):17-26.

17. **Mowschenson PM**, Hodin RA, Wang HH, Upton M, Silen W. Fine needle aspiration of normal thyroid tissue may result in the misdiagnosis of follicular neoplasms. Surgery 1994;116:1006-9.

18. **Mowschenson PM**, Critchlow JF. Outcome of surgical complications following ileoanal pouch operation without diverting ileostomy. Am J Surg 1995;169:143-6.

19. Fraser JL, Jeon GH, Hodin RA, **Mowschenson PM**, Pallotta J, Wang HH. Utility of repeat fine needle aspiration in the management of thyroid nodules. Am J Clin Pathology 1995;104 (3):328-9.

20. **Mowschenson PM**, Hodin RA. Feasibility, safety, and cost savings of outpatient thyroid and parathyroid operations. Surgery 1995;118:1051-1054.

21. Saldinger PF, Matthews JB, **Mowschenson PM**, Hodin RA. Stapled laparoscopic splenectomy: Initial experience. J Am Coll Surg 1996;182(5): 459-461.

22. Greene AK, **Mowschenson PM**, Hodin RA. Is Sestamibi-guided parathyroidectomy really cost-effective? Surgery 1999;126:1036-41.

23. **Mowschenson PM**, Critchlow JA, Peppercorn MA. Ileoanal pouch operation: Long term outcome with or without diverting ileostomy. Arch Surg 2000;135(4):463-466.

24. Schoetz DJ, Hyman NH, **Mowschenson PM**, Cohen JL. Controversies in inflammatory bowel disease. Arch Surg 2003;138(4):440-6.

25.Evenson A, **Mowschenson P**, Wang H, Connolly J, Mendrinos S, Parangi S, Hasselgren PO. Hyalinizing trabecular adenoma--an uncommon thyroid tumor frequently misdiagnosed as papillary or medullary thyroid carcinoma. Am J Surg 2007;193(6):707-12.

26.O'Neal PB, Poylin V, **Mowschenson P**, Parangi S, Horowitz G, Pant P, Hasselgren PO. When initial postexcision PTH level does not fall appropriately during parathyroidectomy: What to do next? World J Surg 2009;33(8):1665-73.

27.O'Neal P, **Mowschenson P**, Connolly J, Hasselgren PO. Large parathyroid tumors have an increased risk for atypia and carcinoma. Am J Surg 2011;202:146-150.

28.Mendiratta-Lala M, Brennan DD, Brook OR, Faintuch S, **Mowschenson PM**, Sheiman RG, Goldberg SN. Efficacy of radiofrequency ablation in the treatment of small functional adrenal neoplasms. Radiology 2011;258(1):308-16.

29.Cypess AM, Doyle AN, Sass CA, Huang TL, **Mowschenson PM**, Rosen HN, Tseng YH, Palmer EL III, Kolodny GM. Quantification of human and rodent brown adipose tissue function using 99mTc-methoxyisobutylisonitrile SPECT/CT and 18F-FDG PET/CT. J Nucl Med 2013;54(11):1896-901.

30. Mehrzad R, Connolley J, Wong H, **Mowschenson P**, Hasselgren PO. Increasing incidence of papillary thyroid carcinoma of the follicular variant and decreasing incidence of follicular adenoma: co-incidence or altered criteria for diagnosis? Surgery (2016 May) 159(5):1396-406

Other peer-reviewed publications

31. Rectal Eversion Technique: A Method to Achieve Very Low Rectal Transection and Anastomosis With Particular Value in Laparoscopic Cases Poylin V, Mowschenson P, Nagle D Diseases of the Colon & Rectum. 60(12):1329-1331, December 2017.

Non-peer reviewed scientific or medical publications/materials in print or other media

Reviews:

1. **Mowschenson PM**, Silen W. Development in Hyperparathyroidism. Curr Opin Clin Oncol 1990;2(1):95-100.

2. **Mowschenson PM**. Advances in the surgery of inflammatory bowel disease. Seminars in Colon & Rectal Surgery. March 1993.

Editorials:

1. **Mowschenson PM**. Double-Stapled versus Handsewn Pouch - Does it Matter? Inflammatory Bowel Diseases 1995;1(2):169.

2. **Mowschenson PM**. Is a One Stage Pouch Too Risky? Inflammatory Bowel Diseases 1998;4(4):332.

Book chapters:

1. Glotzer DJ, **Mowschenson PM**. Chronic Ulcerative Colitis. In: Current Surgical Therapy, Fifth Edition. Cameron, ed. St. Louis: C.V. Mosby Company, 1995. pp150-159.

Books edited:

1. **Mowschenson PM**, ed. Aids to Undergraduate Surgery. 1st edition. London: Churchill Livingstone; 1978.

2. **Mowschenson PM**, ed. Aids to Undergraduate Surgery. 2nd edition. London: Churchill Livingstone; 1982.

3. **Mowschenson PM**, ed. Aids to Undergraduate Surgery. German language edition. London: Churchill Livingstone; 1984.

4. **Mowschenson PM**, ed. Aids to Undergraduate Surgery. 3rd edition. London: Churchill Livingstone; 1989.

5. **Mowschenson PM**, ed. Aids to Undergraduate Surgery. 4th edition. London: Churchill Livingstone; 1994.

Narrative Report

I joined the staff at Beth Israel Hospital in 1981 after completing by surgical training and have remained on staff through the merger when Beth Israel Hospital became Beth Israel Deaconess Medical Center.

While certified in General Surgery, my particular areas of interest and expertise evolved into surgery for inflammatory bowel disease, and thyroid and parathyroid surgery. These are the main areas of my publications. I have given numerous lectures on both these topics as detailed in my CV.

I have been an active teacher on the clinical side all these years, providing operating room and office teaching for residents at all levels in addition to HMS students. I have a very busy clinical practice, and residents who rotate on my service end up with greatly above average experience in thyroid and parathyroid surgery.

I have never had any basic science responsibility but have participated in published research along with basic scientists. I continue to be active in clinical research in the areas or surgery for inflammatory bowel disease and endocrine surgery.

I was president of the Affiliated Physicians Group from1983 to 2019 which is a major component of BIDCO along with HMFP (Harvard Medical Faculty Practice), and involved in monthly board meetings of BIDCO. For many years I was active in the Crohn's and Colitis Foundation.

AFFIDAVIT OF ROBERT FREED, MD REGARDING SKYLA BRITT

PERSONALLY APPEARS before the undersigned authority, duly authorized to administer oaths, comes Robert Freed, MD who after first being duly sworn, states as follows:

Introduction

1. This affidavit addresses medical negligence that occurred during Skyla Britt's medical treatment at Wellstar facilities that began on March 3, 2020.

2. I have been asked to provide this affidavit for the limited purpose of Georgia statute OCGA § 9-11-9.1.

3. This affidavit addresses specific matters that Plaintiff's counsel have asked me to address. I have not attempted to identify all standard-of-care violations. I have not attempted to state every causation opinion I have. I have not attempted to anticipate or address issues the Defense might raise or that otherwise might arise as the case unfolds.

4. I use the term "standard of care" to refer to that degree of care and skill ordinarily exercised by members of the medical profession generally under the same or similar circumstances and like surrounding conditions as pertained to the medical providers I discuss here.

5. Plaintiff's counsel drafted this affidavit after consulting with me, and I reviewed the draft and edited it to make sure it correctly states my views.

6. As to the matters this affidavit addresses, I have tried to give a reasonably detailed explanation, but I have not attempted an exhaustive discussion. In deposition or trial testimony, I may elaborate with additional details. While I cite evidence from the medical records for various case-specific facts, I do not necessarily cite all the evidence for a given point.

7. I hold all the opinions expressed below to a reasonable degree of medical certainty — that is, more likely than not.

8. If additional information becomes available later, my views may change.

9. I understand that Plaintiff's counsel will provide this affidavit to the Defendants, and that their insurance company will hire lawyers and medical experts to review this case and to review this affidavit. If anyone on the Defense team believes I have not been given, or have overlooked or misconstrued, any relevant information, I invite the Defense to communicate with me by letter, copied to Plaintiff's counsel.

10. The Defense need not wait to take my deposition to communicate with me. I will consider any information the Defense wishes to bring to my attention by letter. If appropriate, I will then provide a supplemental affidavit.

Qualifications

11. I am more than 18 years old, suffer from no legal disabilities, and give this affidavit based upon my own personal knowledge and belief.

12. I do not recite my full qualifications here. I recite them only to the extent necessary to establish my qualifications for purposes of expert testimony under OCGA 24-7-702. However, my Curriculum Vitae is attached hereto as Exhibit "A." My CV provides further detail about my qualifications. I incorporate and rely on that additional information here.

13. The events at issue here occurred in March and April, 2020

14. I am qualified to provide expert testimony pursuant to OCGA 24-7-702. That is:

a. In 2020, I was licensed by an appropriate regulatory agency to practice my profession in the state in which I was practicing or teaching in the profession.

   Specifically, I was licensed by the State of Pennsylvania to practice as a radiologist. That's where I was practicing in 2020.

b. In 2020, I had actual professional knowledge and experience in the area of practice or specialty which my opinions relate to — specifically, the tasks identified above on which I offer standard-of-care opinions.

I had this knowledge and experience as the result of having been regularly engaged in the active practice of the foregoing areas of specialty of my profession for at least three of the five years prior to 2020, with sufficient frequency to establish an appropriate level of knowledge of the matter my opinions address.

Specifically, I am a radiologist, and for many years I have had great familiarity with each of the tasks on which I offer standard-of-care opinions.

Evidence Considered

15. I have reviewed the following medical records from Wellstar facilities, pertaining to Skyla Britt:

(a) Imaging: HIDA scan performed on 2/28/2020 and 3/24/2020, done as a cold review with no background information provided

(b) Imaging: US right upper quadrant 1/28/2020, CT abdomen/pelvis 1/28/2020, CT abdomen/pelvis 3/28/2020, ERCP films 3/30/2020, ERCP films 4/7/2020, MRCP 4/12/2020, MRCP 4/13/2020.

(c) Documents: Gastroenterology chronology (8 pages, PDF), Wellstar complied medical records (1938 pages, PDF).

16. I invite the Defense to send me any evidentiary materials or commentary they believe may help to exonerate any Defendant.

Principal Opinions

17. I adopt my report, titled, "Freed Written Statement," attached, as my testimony throughout this affidavit

Conclusion

I hold these opinions to a reasonable degree of medical certainty — that is, more likely than not.

This affidavit does not exhaust my opinions, and I may elaborate on these opinions in deposition or trial.

, MD

ROBERT FREED, MD

SWORN TO AND SUBSCRIBED before me

March 15th, 2022

Commonwealth of Pennsylvania - Notary Seal
Thomas Weifenbaugh, Notary Public
Allegheny County
My commission expires March 15, 2024
Commission number 1296744
Member, Pennsylvania Association of Notaries

NOTARY PUBLIC

My Commission Expires: March 15, 2024

Emergency Radiology
&
Abdominal Imaging
Expert Report

Client name: Skyla Tayler Britt

Matter: Diagnosis of a post-operative bile leak following cholecystectomy
Incident Date: March 24, 2020

Prepared for:
Daniel Holloway, Esq.
Bell Law Firm
1202 Peachtree Street NE, Suite 2000
Atlanta, GA 30361

Prepared by:
Robert Freed, M.D.
1151 Freeport Road, Box #264
Pittsburgh, PA 15238

Report Date:
2/26/2022

Robert Freed, M.D.

Background

I, Robert Freed, M.D. am a board-certified radiologist and licensed practicing physician in Pittsburgh, PA. On February 4, 2022, I was retained by Attorney Daniel Holloway of Bell Law Firm representing Skyla Tayler Britt.

Qualifications

I am qualified to offer expert opinions on this matter given my subspecialty training in both Abdominal Imaging and Emergency Radiology. I am employed as an Assistant Professor of Radiology in the University of Pittsburgh School of Medicine/University of Pittsburgh Medical Center (UPMC) and recently served a one-year term as the Associate Chief of the Emergency Radiology Department at UPMC. As a member of one of the largest Emergency Radiology programs in the country, we provide overnight subspecialty radiology interpretations to 15 UPMC-affiliated Emergency Departments, including two level-one and two level-two trauma centers, as well as six certified stroke centers.

In addition to my clinical and leadership responsibilities, I have been involved with physician education, serving on the Program Evaluation Committee for the Diagnostic-Radiology residency program at UPMC and serving as a faculty mentor to several resident-physicians. Annually, I provide multiple clinically oriented lectures to both Radiology and Emergency Medicine resident-physicians, as well as non-clinical lectures dedicated to improving physician wellness. For the past four years, from 2018-2021, I have been awarded the UPMC Department of Radiology Excellence in Teaching Award, voted on by the Radiology residents.

My educational exhibits have been presented at conferences around the country, including recent exhibits at the American Society of Emergency Radiology in 2018 and September 2019, and at the Radiological Society of North America (RSNA) National Meetings in 2017 and 2018, including a *cum laude* award for my exhibit on post-thyroidectomy imaging surveillance.

MATERIALS REVIEWED

As an independent reviewer of radiology imaging, it is imperative to reduce interpretation bias as much as possible. At the time of initial contact with retaining counsel, the information about the case was limited to a request for a "cold" read of two nuclear medicine HIDA examinations, performed on 2/28/2020 and 3/24/2020 on Ms. Britt. No clinical information was disclosed. This information was enough to establish myself as an appropriate expert witness. I was hereby retained by counsel and subsequently reviewed the two HIDA exams in question.

Only upon arriving at my own independent conclusion of these two index HIDA studies, was I unblinded to the original radiologist's interpretation of both HIDA exams, learned of the clinical history surrounding Ms. Britt's care in early 2020, and reviewed additional medical imaging. In preparing this report, I reviewed the pertinent portions of the documentation listed. I may use any or all of them to prepare exhibits for deposition or trial, including images from the actual CT scan. I reserve the right to reconstruct additional imaging, including, but not limited to 3D reconstructions, using the previously obtained imaging studies, for the purpose of educating a jury.

Document(s)

- Gastroenterology Chronology, Skyla Britt, 8 page PDF
- WellStar compiled documentation, 1,938 page PDF

Radiology imaging

- Nuclear medicine HIDA, 2/28/2020
- Nuclear medicine HIDA, 3/24/2020

- Abdominal US right upper quadrant, 1/28/2020
- Non-contrast CT abdomen/pelvis, 1/28/2020
- Contrast enhanced CT abdomen/pelvis, 3/28/2020
- ERCP images, 3/30/2020
- ERCP images, 4/7/2020
- MRCP, 4/12/2020

FACTS OF CASE

In 2020, Ms. Britt was a 22-year-old female who sought outpatient medical care for complaints of chronic, daily right upper quadrant pain for several months, which had becoming more frequent. Her outpatient imaging workup consisted of abdominal ultrasound of her right-upper-quadrant, non-contrast CT abdomen and pelvis, and nuclear medicine HIDA scan. She subsequently underwent a laparoscopic cholecystectomy on 3/19/2020 at WellStar Douglas Hospital. Following surgery, the patient returned in clinic on 3/24/2020 with nausea, vomiting, abdominal pain, and sweats. Outpatient nuclear medicine HIDA scan was performed on 3/24/2020 and interpreted as “no evidence of biliary obstruction or leak in patient who had recent cholecystectomy”. Days later, Ms. Britt sought emergency care at WellStar Douglas hospital on 3/28/2020 due to continued symptoms. She was found to have multiple intraperitoneal bilomas (bile collections) on emergency CT abdomen and pelvis, which were subsequently treated with CT-guided drain placement and subsequent abdominal surgery on 3/30/2020.

Scope of Work

With regards to this imaging, I was asked to opine on the following:

1. **My interpretation and opinion of radiologist interpretation of the nuclear medicine HIDA on 3/24/2020.**

2. **Indications of cholecystitis on the pre-operative imaging.**

EXPERT WITNESS INDEPENDENT REVIEW OF NUCLEAR MEDICINE HIDA SCAN ON 02/28/2020

Findings:

- Normal hepatic radiotracer uptake.
- Normal gallbladder radiotracer accumulation within 15 minutes
- Normal small bowel radiotracer excretion within 35 minutes
- Qualitatively normal gall bladder excretion of radiotracer shortly after CCK infusion. Quantitatively, gallbladder ejection fraction of 77.5% (normal considered >35%).

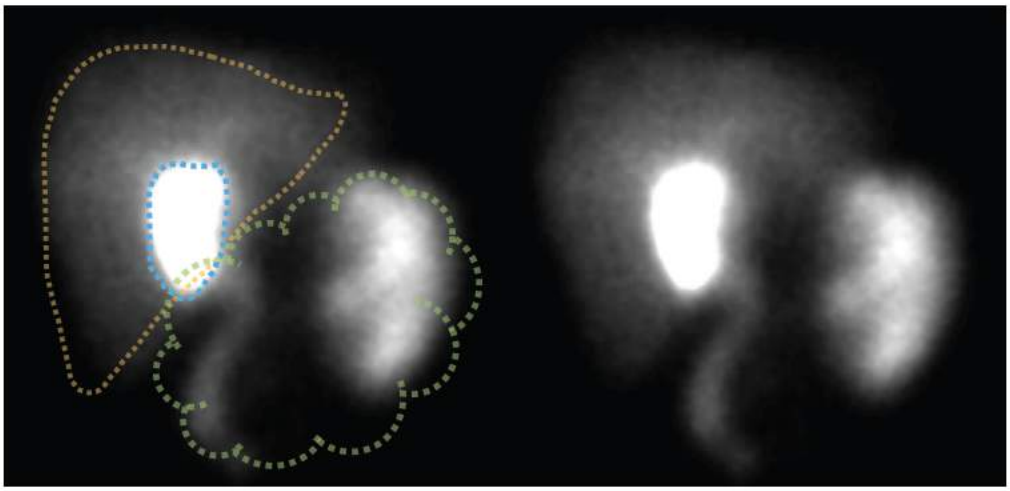


Figure 1. Prior to CCK administration, there is normal distribution of radiotracer in the liver (orange outline), gallbladder (blue outline), and bowel (green outline). Images are identical with exception of annotations.

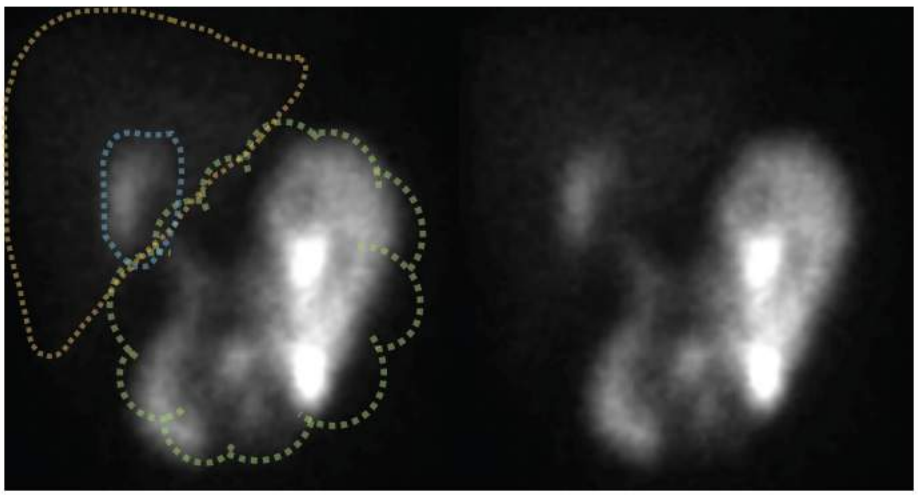


Figure 2. After CCK administration, there is appropriate radiotracer excretion from the gallbladder (blue outline) and into bowel (green outline). Images are identical with exception of annotations.

EXPERT WITNESS INDEPENDENT REVIEW OF NUCLEAR MEDICINE HIDA SCAN ON 3/24/2020

Findings:

- Normal hepatic radiotracer uptake.
- No gallbladder visualized (expected given cholecystectomy).
- Normal radiotracer in bile ducts and upper small bowel.
- Abnormal accumulation of radiotracer in the right hemiabdomen, in the expected location of right paracolic gutter.

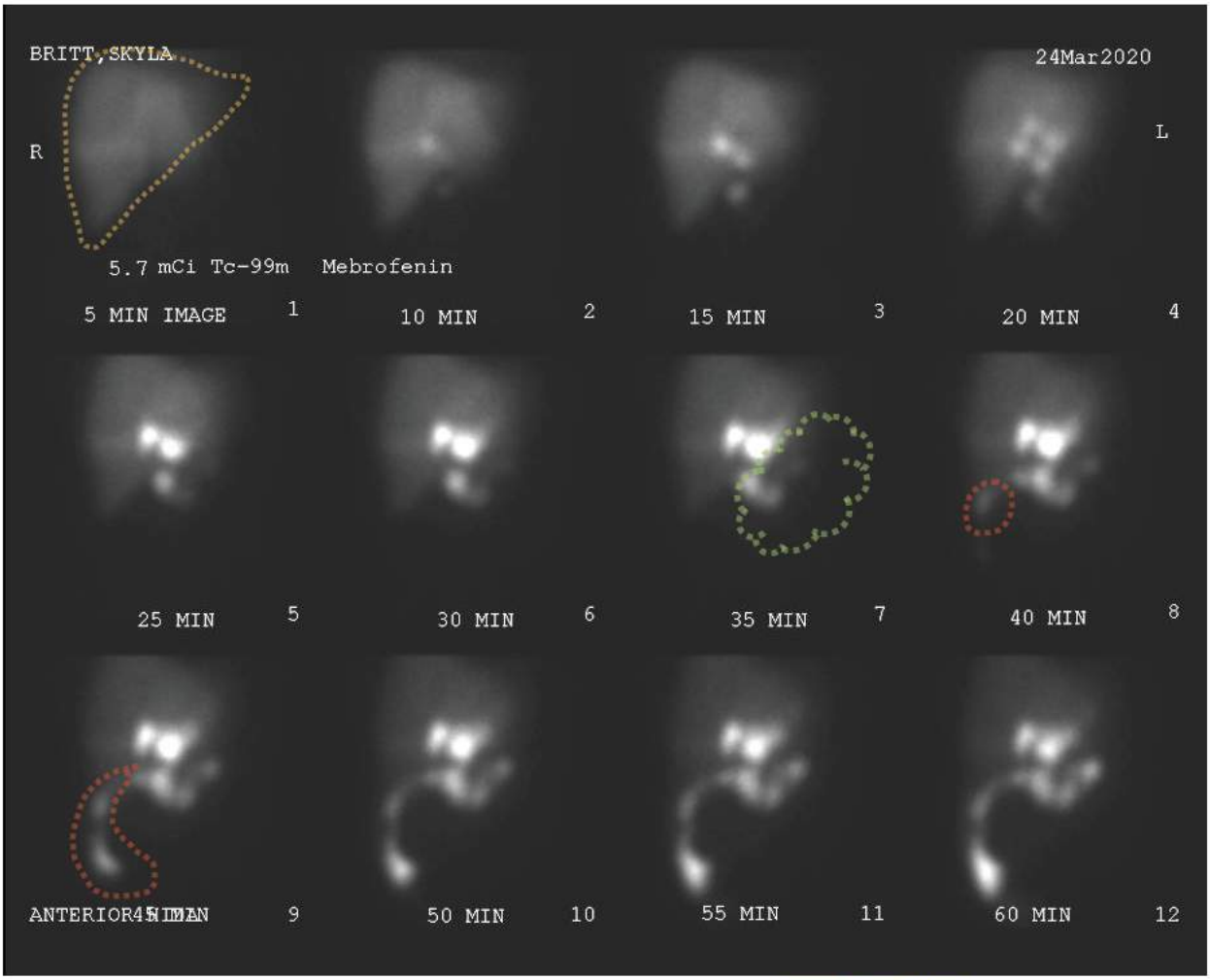


Figure 3. Although early imaging shows normal liver uptake (orange outline), and subsequent excretion of radiotracer into the bowel (green outline), at roughly 40 minutes, there is abnormal radiotracer accumulation in the right paracolic gutter (red outline).

EXPERT WITNESS INDEPENDENT REVIEW OF RIGHT UPPER QUADRANT ABDOMINAL ULTRASOUND FROM 01/28/2020

Findings:

- Normal gallbladder without cholelithiasis, sludge, wall thickening, or pericholecystic fluid.
- No intrahepatic bile duct or common bile duct dilatation.
- Normal liver.
- Normal right kidney and imaged pancreatic neck.

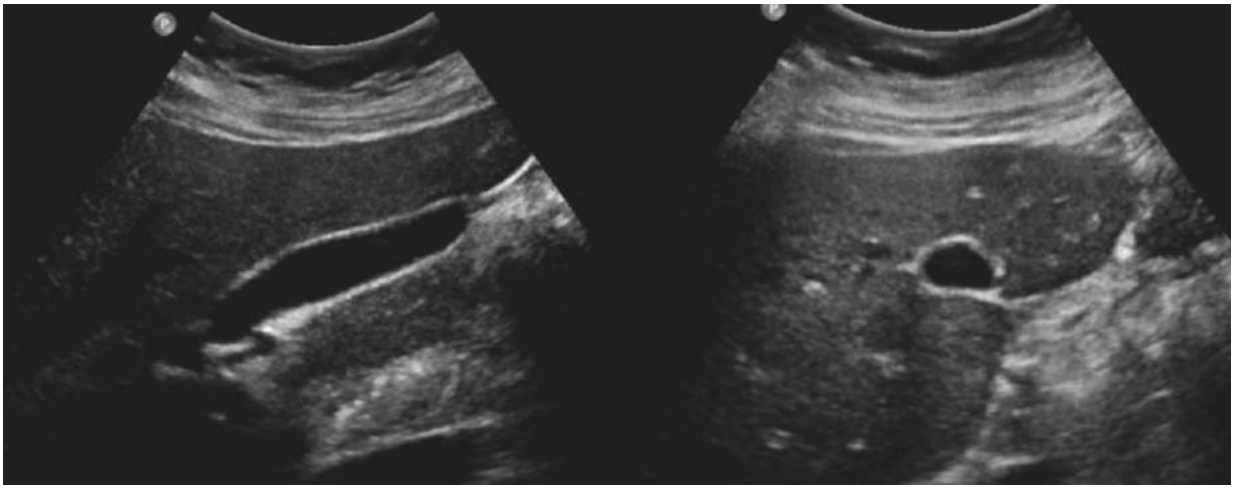


Figure 4. Normal gallbladder.

EXPERT WITNESS INDEPENDENT REVIEW OF NON-CONTRAST CT ABDOMEN AND PELVIS FROM 01/28/2020

Findings:

- Contracted, but normal gallbladder. Typically, gallbladder contraction is due to recent ingestion of food just prior to imaging.
- Hepatomegaly, as the liver measures roughly 20 cm in craniocaudal dimension in the mid-axillary line.
- Bronchiolitis in the partially imaged left lower lobe.
- Otherwise, normal examination.

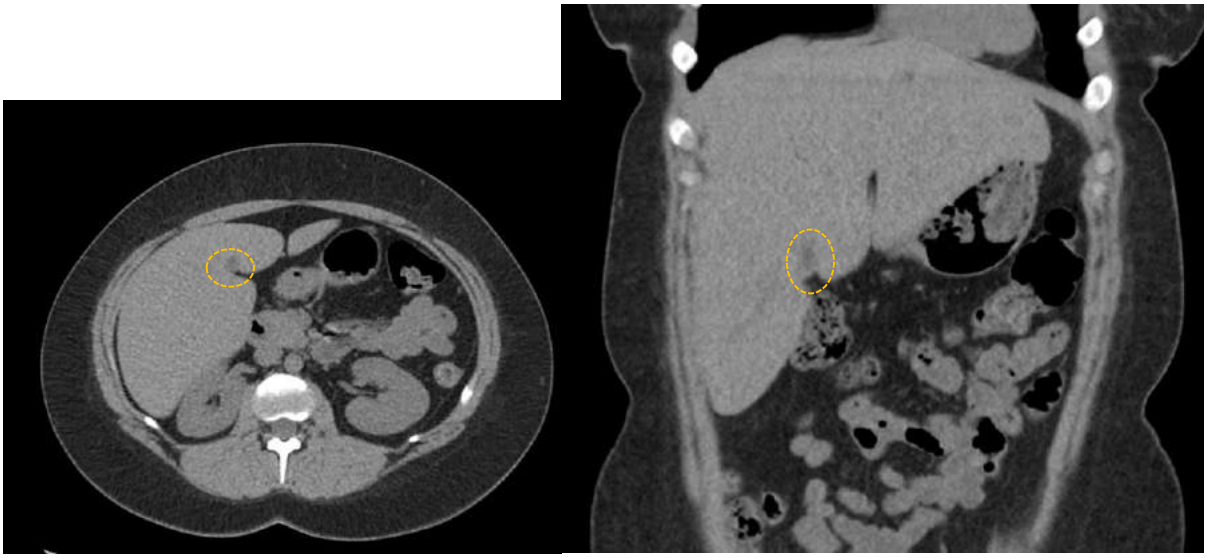


Figure 5. Normal (contracted) gallbladder (**orange circle**).

Opinions

My opinions are based upon my knowledge, education, experience, and training. All opinions are expressed to a reasonable degree of medical certainty and based exclusively on the documents and images listed in this report. Standard of care is defined as the care and radiologic interpretation that a similarly trained physician would provide under similar circumstances. I specifically reserve the right to add to, amend, or subtract from this report as new evidence comes into discovery or as new information is uncovered.

My interpretation and opinion of radiologist interpretation of the nuclear medicine HIDA on 3/24/2020

The HIDA exam on 3/24/2020 demonstrates a large radiotracer extravasation in the right hemiabdomen. Appropriate clinical history was provided to the radiologist, specifically that of recent cholecystectomy. The failure to diagnose the post-operative bile leak was a breach in standard of care given the overtly abnormal examination. Had this examination been interpreted correctly on 3/24/2020, Ms. Britt would been afforded earlier treatment for her bile leak.

Indications of cholecystitis on the pre-operative imaging

Pre-operative HIDA was normal, with no evidence of acute or chronic cholecystitis. Pre-operative RUQ ultrasound was normal without cholelithiasis (gall stones) or sludge. Pre-operative non-contrast CT abdomen and pelvis was normal. By imaging criteria, there was no evidence of cholelithiasis, and no evidence of acute or chronic cholecystitis prior to the 3/19/2020 cholecystectomy.

Robert J. Freed, M.D.

1151 Freeport Road, Box #264 • Pittsburgh, PA 15238 • (845) 641-3636 • rob@robertfreedmd.com

Faculty Appointment

Assistant Professor of Radiology — January 2017 – present
Emergency and Teleradiology Division — Pittsburgh, PA
Department of Radiology
University of Pittsburgh Medical Center (UPMC)

Associate Division Chief — Sept 2018 – October 2019
Emergency and Teleradiology Division — Pittsburgh, PA
Department of Radiology
University of Pittsburgh Medical Center

Non-Faculty Positions

Radiology Consultation Services — October 2018 – present
Provide review in malpractice cases as a radiology — Pittsburgh, PA
expert witness in Thoracoabdominal Imaging and Emergency Radiology

- Experience with both plaintiff and defense
- www.robertfreedmd.com

Butler Memorial Hospital — July 2021 - present
Independent contractor physician providing per diem on-site coverage — Butler, PA

- General radiology interpretations of XR, CT, US & MRI
- Subspecialties covered: Body, Chest, Neuro, and MSK.

James E. Van Zandt Veterans Affairs (VA) Medical Center — July 2019 – June 2021
Fee-basis physician providing per diem on-site coverage — Altoona, PA

- General radiology interpretations of XR, CT, US & MRI
- Subspecialties covered: Neuro, Body, Chest, and MSK.

Education & Training

Emergency Radiology Fellowship — January 2017 – June 2017
University of Pittsburgh Medical Center (UPMC) — Pittsburgh, PA

Abdominal Imaging Fellowship — July 2016 – December 2016
University of Pittsburgh Medical Center (UPMC) — Pittsburgh, PA

Diagnostic Radiology Residency July 2012 – June 2016
University of Pittsburgh Medical Center (UPMC) Pittsburgh, PA

- Chief Radiology Resident, 2015-2016

Transitional Year Internship June 2011 – June 2012
The Reading Hospital and Medical Center West Reading, PA

Doctor of Medicine August 2007 – May 2011
Penn State College of Medicine Hershey, PA

Bachelor of Science, Biochemistry, Summa cum laude August 2003 – May 2007
Binghamton University, SUNY Binghamton, NY

Presentations & Publications

Smith C, Cabrera E, Miller A, **Freed RJ**. "Patterns of Injury in Firework-related Trauma". Oral presentation of original research, American Society of Emergency Radiology (ASER) National Meeting, Scottsdale, AZ, September 11-14, 2019.

Freed RJ, Hartman M. "Thyroid: Radiology/Pathology Correlate". Education Exhibit, Alliance of Medical Student Educators in Radiology (AMSER). 2018 AMSER Medical Student Curriculum. [pending online publication

Houshmand S, Yousef J, McCloskey J, Patrick JL, **Freed RJ**. "Closed-loop bowel obstruction: Simple four-point checklist to avoid misdiagnosis." Education Exhibit, 104th annual Radiological Society of North America Meeting, Chicago, IL. Nov 25-30, 2018.

McCloskey J, Houshmand S, Yousef J, Thangasamy S, **Freed RJ.** "Epicardial fat necrosis: The often forgotten culprit on Chest CT and CTA scans ordered in the Emergency Department." Education Exhibit, 104th annual Radiological Society of North America Meeting, Chicago, IL. Nov 25-30, 2018.

Dressen, M, Petrocelli R, Patrick JL, **Freed RJ**. "Peri-diverticular benign pneumoperitoneum in blunt abdominal trauma." American Society of Emergency Radiology. 2018 Annual Meeting. McLean, VA. September 26-29, 2018.

Sompalli P, **Freed RJ**. "Intussuscepted Meckel's Diverticulum". American College of Radiology, Case-In-Point Series. [Accepted 3/21/2018, pending on-line publication]

Houshmand, S. **Freed RJ**. "Marginal ulcer following Roux-en-Y Gastric Bypass Surgery". American College of Radiology, Case-In-Point Series. [Accepted 3/1/2018, pending on-line publication]

Yousef, J, Nworgu, CJ, **Freed RJ**. "Polymethylmethacrylate Pulmonary Embolism Following Vertebroplasty". American College of Radiology, Case-In-Point Series. [Accepted 2/5/2018, pending on-line publication]

Freed RJ, Smith K, Dasyam A, Tublin M, Sholosh, B. "Post-Thyroidectomy Surveillance Ultrasound of Thyroid Cancer: Review of Anatomy, Thyroidectomy, Tumor Recurrence and Pitfalls." Education Exhibit, 103rd annual Radiological Society of North America meeting, Chicago, IL. Nov 26 – Dec 1, 2017.

Freed RJ. "The New R4 Conundrum: Keeping residents involved after the CORE". Oral presentation, 100th annual Pennsylvania Radiological Society Meeting, Philadelphia, PA. Oct 2, 2015.

Rodriguez D, **Freed RJ**, Agarwal V. "Return of the Back Pain: Post-operative Complications of Lumbar Decompression Surgery". Education Exhibit, 100th annual Radiological Society of North America meeting, Chicago, IL. Nov 30 – Dec 5, 2014.

Freed RJ, Rodriguez D, Fahkran S. "This Is Your Brain on Drugs: Neuroimaging Appearances of Common Substances of Abuse". Education exhibit at the American Roentgen Ray Society National Meeting, San Diego, CA. Apr 14 – 19, 2014.

Freed RJ, Kaya D, Ocak I. "Bubbles in the Air: Differential Diagnosis of Cystic Lesions in the Lung". Education exhibit at the American Roentgen Ray Society National Meeting, San Diego, CA. Apr 14 – 19, 2014.

Freed RJ, Rodriguez D, Benjamin J, Itri J. "Second Take: Must Patients Really Be Warned of Radiation Risk?" AuntMinnie.com Second Take Series, published online Dec 18, 2013.

Sinelnikov A, **Freed RJ**, Kale H. "Osteochondroma of the Spine, Incidental Finding – Maybe Not!" Poster presentation at the 98th annual Pennsylvania Radiological Society Meeting, Philadelphia, PA. Sept 28, 2013.

Freed RJ, Rodriguez D, Benjamin J, Itri J. "An Academic Debate: Pitt v. Penn, Informed consent for routine CT scans". Oral presentation at the 98th annual Pennsylvania Radiological Society Meeting, Philadelphia, PA. Sept 28, 2013.

Gupta S, Jalota L, **Freed RJ**, Donato A. "Dementia with Lewy Bodies: A Commonly Missed Common Diagnosis". Poster presentation at the Society of General Internal Medicine National Meeting, Denver, CO. Apr 27, 2013.

Gupta S, **Freed RJ,** Donato A. "Routine Dental Care? A Case of Pneumomediastinum During a Dental Cavity Repair". Poster presentation at the Society of General Internal Medicine National Meeting, Denver, CO. Apr 27, 2013.

Freed RJ, Zarghouni M, Wagner B, Opatowski M. "Neuroimaging of Wilson's Disease". American College of Radiology, Case-In-Point Series. Available online Jan 11, 2013.

Freed RJ, Wagner B, Lloyd B. "Accuracy of Ureteral Stone Measurements by Radiologists at a Large Community Hospital". Poster presentation at the 97th annual Pennsylvania Radiological Society Meeting, Philadelphia, PA. Sept 8, 2012.

Freed RJ, Lloyd B. "Don't forget your Social History! Acute Respiratory Failure in a 20-year-old Female". Medical Mystery series. Oral presentation at the Society of General Internal Medicine National Meeting, Orlando, FL. May 12, 2012.

Freed RJ, Jalota L, Jain S. "Isolated Abducens Nerve Palsy: An uncommon Presentation of Lyme Disease". Poster presentation at the Society of General Internal Medicine National Meeting, Orlando, FL. May 12, 2012.

Gupta S, **Freed RJ,** Pradhan DS, Ballantine D. "Headaches and Diplopia: More Than What Meets the Eye". Poster presentation at the annual Berks County Medical Society meeting, Wyomissing, PA. Apr 13, 2012.

Gul M, **Freed RJ,** Rizvi N, Wojnar M. "Idiopathic Acute Eosinophilic Pneumonia in a Young Smoker Requiring Extracorporeal Membrane Oxygenation". Oral presentation at the Chest 2011 National Meeting, Honolulu, HI. Oct 23, 2011.

Roopnariane A, **Freed RJ,** Price S, Fox EJ, Ritty TM. "Osteosarcoma in a Marfan patient with a novel premature termination codon in the FBN1 gene". Connective Tissue Research. Apr 2011; 52(2):157-165. PubMed ID: 20672986.

Lectures

"UPMC Radiology Financial Literacy course series". *Established 2018, lecture given every ~6 mos.*

- Physician burnout is a major issue facing the state of healthcare in our country and has recently become a focus of attention of ACGME, the governing body of residency training.
- The lack of financial literacy is one of several major factors associated with physician burnout, most typically attributed to rising student loan debt and lack of financial understanding by graduating physicians.
- This lecture series was developed and is taught exclusively by me to our 40+ UPMC radiology resident physicians, consisting of four separate hour-long lectures given over a two-year cycle.
- Utilizing an anonymous audience-response, open-forum discussion-like format, we discuss educational topics such as spending plans/budgeting, power of compound interest, explaining retirement vs. non-retirement accounts (IRA, 401k, 403b, 457, 529), management of student loans, and life/disability insurance.
- Planning is currently underway to expand this course to all 135+ UPMC residency and fellowship training programs (~1,750 physicians per year) with the assistance of several additional UPMC faculty.

"Imaging of the Acute Abdomen: What the Emergency Medicine Intern needs to know". Emergency Medicine Education Conference, Pittsburgh, PA. Sept 16, 2020.

"Imaging of the Chest: What the Emergency Medicine physician needs to know". Emergency Medicine Education Conference, Pittsburgh, PA. August 29, 2019.

"Radiology for the Non-Radiologist". Advanced Radiology Medical Student course (RAD 5422) within the University of Pittsburgh School of Medicine. Pittsburgh, PA. Sept 4, 2018.

"Imaging of the Acute Abdomen: What the Emergency Medicine physician needs to know". Emergency Medicine Education Conference, Pittsburgh, PA. July 26, 2018.

"Radiology for the Non-Radiologist". Advanced Radiology Medical Student course (RAD 5422) within the University of Pittsburgh School of Medicine. Pittsburgh, PA. Jan 31, 2018.

"Diagnostic Radiology in the United States". University of Pittsburgh School of Medicine. 'Clinical medicine within the United States' course to visiting medical students from Xiangya University, China. Pittsburgh, PA. Jan 22, 2016.

"Introduction to Nuclear Medicine". UPMC Department of Radiology, First-year resident Orientation. Pittsburgh, PA. Jul 24, 2015.

"Introduction to Body Imaging: What the Physician's Assistant Needs to Know".
University of Pittsburgh School of Health and Rehabilitation Sciences, Physician's Assistant Graduate Course. PAS 2203, Diagnostic and Therapeutic Procedures in Medicine I. Pittsburgh, PA. Jul 20, 2015.

"Introduction to Body Imaging: What the Physician's Assistant Needs to Know".
University of Pittsburgh School of Health and Rehabilitation Sciences, Physician's Assistant Graduate Course. PAS 2203, Diagnostic and Therapeutic Procedures in Medicine I. Pittsburgh, PA. Jul 23, 2014.

"Introduction to Nuclear Medicine". UPMC Department of Radiology, First-year resident Orientation. Pittsburgh, PA. Jul 21, 2014.

"Introduction to Neuroimaging: What the Physician's Assistant Needs to Know".
University of Pittsburgh School of Health and Rehabilitation Sciences, Physician's Assistant Graduate Course. PAS 2203, Diagnostic and Therapeutic Procedures in Medicine I. Pittsburgh, PA. Jul 23, 2013.

"Introduction to Nuclear Medicine". UPMC Department of Radiology, First-year resident Orientation. Pittsburgh, PA. Jul 8, 2013.

"Complications of Radiologic Contrast Media: Nephropathy, Allergy and NSF".
The Reading Hospital and Medical Center, West Reading, PA. Hospital Grand Rounds. Mar 22, 2012.

Honors & Awards

- UPMC Department of Radiology Excellence in Teaching Award, Emergency Radiology, 2020-2021
- UPMC Department of Radiology Excellence in Teaching Award, Emergency Radiology, 2019-2020
- UPMC Department of Radiology Excellence in Teaching Award, Emergency Radiology, 2018-2019
- UPMC Department of Radiology Excellence in Teaching Award, Emergency Radiology, 2017-2018
- Radiological Society of North America, 2017 Annual Meeting, Cum laude award, Educational Exhibit
- Pennsylvania Radiology Society, Pitt vs. Penn Resident Debate, 1st Place, September 2013
- Society of General Internal Medicine, Top 1% Clinical Vignette presentation, May 2012
- American Medical Association Foundation, Scholars Fund Award recipient, October 2010
- G. Ruppel Memorial University Scholarship, Penn State College of Medicine, July 2010
- Academic Excellence in Biochemistry, Binghamton University, May 2007
- Summa Cum Laude, Binghamton University, B.S. Biochemistry, May 2007
- Arnold G. and Lenora Meyer Scholarship, Binghamton University, August 2006
- Phi Beta Kappa Honor Society, Binghamton University, Psi chapter, April 2006
- Golden Key International Honour Society, Binghamton University chapter, December 2005
- Phi Eta Sigma Honor Society, Binghamton University Freshman Honor Society, October 2004

Professional Experience

UPMC Radiology Residency Faculty Advisor, faculty mentor to three R1 residents, 2017 - 2021

ACGME Leadership Development Program, UPMC Department of Radiology
July 2013 to June 2014, Mentor: Philip Orons, DO
Participated in the ACGME sponsored leadership skills training program where I worked closely with my attending mentor. Through small group sessions and practical settings, over the 12 months of the course, we reviewed tools and skills to enhance interpersonal communication and group dynamics.

Pulse, Treasurer and Founding Member
Penn State College of Medicine, Hershey, PA, November 2007 – May 2009

- Along with several of my colleagues, we started this collaboration between medical students and local high school students. Pulse is a semester-long, weekly academic course taught at the medical center with the aim of cultivating interest in medicine and healthcare professions. Medical students volunteer to teach basic medical diseases and concepts to the 50-60 local high school students.
- As founding Treasurer, I secured initial funding with a $10,000 educational grant and received course accreditation with Penn State-University Park for college credit for our high school students.
- As of 2019, Pulse remains a major student-run organization at Penn State College of Medicine.

Professional Committees

Program Evaluation Committee, UPMC Diagnostic-Radiology Residency 2017- current

National Kidney Foundation, Young Professional Committee (YPC) 2015-16

- Founding member of the YPC within the Pittsburgh chapter of the NKF
- Co-chair of the Social Media sub-committee

Clinical Learning Environment Review (CLER) committee 2015
UPMC Graduate Medical Education review of Diagnostic Radiology residency

Graduated Medical Education Committee, UPMC system-wide 2013-14

- Member of Recruitment, Orientation, Activities and Retention sub-committee
- Member of the Patient Safety and Quality Improvement sub-committee

UPMC Graduate Medical Education, preliminary ACGME Internal Review Panel 2013

- Integrated Thoracic Surgery Residency

UPMC Department of Radiology, Radiology Education Committee 2012-13

- Junior Radiology Resident Representative

The Reading Hospital and Medical Center, Graduate Medical Education 2011-12

- Transitional Year representative

Examinations

American Board of Radiology, Certifying Examination, October 2017: Pass
American Board of Radiology, CORE Examination, June 2015: Pass
USMLE Step 3, June 2012: Pass
USMLE Step 2 CS, August 2010: Pass
USMLE Step 2 CK, October 2010: Pass
USMLE Step 1, June 2009: Pass

Licenses/Certifications

- National Provider Index (NPI): 1891086476
- Pennsylvania Medical License, Active, MD457576
- DEA, Active, license number available upon request
- American Board of Radiology, Active, Cert. No. 69485
- Full record of continuing medical education (CME) credits upon request

Memberships

- Radiological Society of North America