

1 IN THE COURT OF COMMON PLEAS

2 WASHINGTON COUNTY, OHIO

3

4 MARILYN F. DODD, )

5 Plaintiff, )

6 vs. ) CASE NO. 03-PT-24

7 ABDI SEYED GHODSI, M.D., ) JUDGE SUSAN E. BOYER

8 et al., )

9 Defendants. )

10

11 Deposition of SANDY BRIGHTWELL, R.T., a  
12 witness herein, called by the Plaintiff for  
13 Cross-Examination pursuant to the Ohio Rules of  
14 Civil Procedure, taken before me, the  
15 undersigned, Anika W. Patrick, a Registered  
16 Professional Reporter and Notary Public in and  
17 for the State of Ohio, at Marietta Memorial  
18 Hospital, 401 Matthew Street, Marietta, Ohio, on  
19 Friday, the 24th day of October, 2003,  
20 commencing at 10:09 o'clock a.m.

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<p>2</p> <p>1 APPEARANCES:</p> <p>2 On Behalf of the Plaintiff:</p> <p>3 BECKER &amp; MISHKIND CO., L.P.A.</p> <p>4 BY: Jacqueline D. Tresl, R.N.</p> <p>5 Attorney at Law</p> <p>6 Skylight Office Tower</p> <p>7 1660 West Second Street, Suite 660</p> <p>8 Cleveland, Ohio 44113</p> <p>9 216/241-2600</p> <p>10 On Behalf of the Defendant Marietta Memorial</p> <p>11 Hospital:</p> <p>12 REMINGER &amp; REMINGER</p> <p>13 BY: Robert V. Kish, Attorney at Law</p> <p>14 Courthouse Square</p> <p>15 505 South High Street</p> <p>16 Columbus, Ohio 43215</p> <p>17 614/461-1311</p> <p>18 On Behalf of the Defendant Abdi Seyed</p> <p>19 Ghodsi, M.D.:</p> <p>20 COLOMBO &amp; STURH CO., L.P.A.</p> <p>21 BY: Karen L. Clouse, Attorney at Law</p> <p>22 933 High Street, Suite 212</p> <p>23 Worthington, Ohio 43085</p> <p>24 614/785-4229</p> <p>25 - - -</p>	<p>4</p> <p>1 SANDY BRIGHTWELL, R.T.,</p> <p>2 of lawful age, a witness herein, having been</p> <p>3 first duly sworn, as hereinafter certified,</p> <p>4 deposed and said as follows:</p> <p>5 CROSS-EXAMINATION</p> <p>6 BY MS. TRESL:</p> <p>7 Q. Sandy, we met just a little bit ago. Have</p> <p>8 you ever had your deposition taken before?</p> <p>9 A. No.</p> <p>10 Q. Okay. I'm going to just give you a few</p> <p>11 guidelines and then we'll jump right in. Okay?</p> <p>12 A. Okay.</p> <p>13 Q. You understand that you're under oath to</p> <p>14 tell the truth?</p> <p>15 A. Right. Yes.</p> <p>16 Q. And when I ask you a question, I'll ask</p> <p>17 that you -- if it's a yes or a no, that you</p> <p>18 answer "yes" or "no" rather than shaking your</p> <p>19 head or going "uh-huh" or "huh-uh" so that she</p> <p>20 can make a record of it.</p> <p>21 A. Okay.</p> <p>22 Q. And if -- I will let you -- if you'll let</p> <p>23 me finish asking my question before you answer,</p> <p>24 I will try and give you the same courtesy to let</p> <p>25 you finish answering before I jump in.</p>
<p>3</p> <p>1 INDEX</p> <p>2</p> <p>3</p> <p>4 CROSS-EXAMINATION (By Ms. Tresl) 4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p>5</p> <p>1 A. Okay.</p> <p>2 Q. If at any time you don't understand my</p> <p>3 question, will you tell me that you don't</p> <p>4 understand it?</p> <p>5 A. Okay.</p> <p>6 Q. And may I assume if you don't tell me that</p> <p>7 you don't understand it that you -- your answer</p> <p>8 is accurate and you understand?</p> <p>9 A. Would you say that again?</p> <p>10 Q. Yes. If you don't tell me that you don't</p> <p>11 understand it --</p> <p>12 A. Okay.</p> <p>13 Q. -- and you answer it, may I assume then</p> <p>14 that you understand it?</p> <p>15 A. Yes, yes.</p> <p>16 Q. Wonderful. Thank you.</p> <p>17 For the record, could you state your name</p> <p>18 and address?</p> <p>19 A. Sandy Brightwell, 7 D-e-e, Street, Waverly,</p> <p>20 West Virginia.</p> <p>21 Q. And where are you employed, please?</p> <p>22 A. Marietta Memorial Hospital.</p> <p>23 Q. And how long have you worked at Marietta</p> <p>24 Memorial Hospital?</p> <p>25 A. Eight years.</p>

- 1 **Q. Do you have any kind of certification**  
 2 **relative to your employment with Marietta?**  
 3 A. Registered technologist.  
 4 **Q. And is that the capacity you've worked here**  
 5 **for the last eight years?**  
 6 A. Yes.  
 7 **Q. Tell me a little bit about your training to**  
 8 **become a radiologist.**  
 9 A. It's actually an x-ray tech.  
 10 **Q. X-ray tech.**  
 11 A. It's a two-year program. When I went  
 12 through the school, it was just done in the  
 13 hospital, the classes. The clinical time was  
 14 done here and then you had to take a registry,  
 15 pass a registry to be a registered tech.  
 16 **Q. So did you start that training 10 years ago**  
 17 **then?**  
 18 A. Yes. Because I just started working right  
 19 after I finished school.  
 20 **Q. And what did you do prior to the -- taking**  
 21 **the class?**  
 22 A. I worked in a department store.  
 23 **Q. For how many years before that?**  
 24 A. I think I started there in '72.  
 25 **Q. And your certification is -- do you have**

- 1 **any certification above and beyond your -- it**  
 2 **sounds like that's sort of your job title.**  
 3 A. That's right.  
 4 **Q. Do you have any other certification? Are**  
 5 **there other ways that techs are certified,**  
 6 **subspecialties or other areas that you have?**  
 7 A. Those are available, but I'm only  
 8 registered in radiology.  
 9 **Q. And tell me about your duties. First of**  
 10 **all, are you full-time or part-time?**  
 11 A. I'm a full-time employee and have always  
 12 been.  
 13 **Q. Were you full-time in 2001?**  
 14 A. Yes.  
 15 **Q. And tell me about your duties.**  
 16 A. To -- in the OR it would be to use the  
 17 C-arm, position it, fluoro when he asks me to.  
 18 **Q. What are your duties in general? How do**  
 19 **you know -- do you work the operating room and**  
 20 **the whole hospital?**  
 21 A. My duties are split. When we put in the  
 22 cath lab -- my basic duty to start out with was  
 23 just radiographic films, fluoro films, barium  
 24 studies, and then a part of that was the OR.  
 25 Half of my duties are in the heart cath lab when

- 1 they have procedures over there.  
 2 **Q. What about in 2001, how were your duties**  
 3 **divided up?**  
 4 A. About -- at the same way they are now.  
 5 **Q. So you did half of your time in the cath**  
 6 **lab then in 2001?**  
 7 A. Okay. Now, let me think about my time  
 8 frame here.  
 9 **Q. Okay. Please do.**  
 10 A. This fall we'll be open two years in the  
 11 cath lab, so, yes, I would have been. Is that  
 12 right? Do I have my time thing right here?  
 13 **Q. 2002?**  
 14 MS. CLOUSE: It was 2002.  
 15 BY MS. TRESL:  
 16 **Q. Right. By December 2001 and January 2002,**  
 17 **you would have been in --**  
 18 A. I believe the cath lab opened in, like,  
 19 November of 2001. But at any rate, I was  
 20 assigned to OR that day.  
 21 **Q. And so you would spend all day in the OR**  
 22 **when you were assigned to OR?**  
 23 A. If you're not busy in the OR, then you need  
 24 to go back to the department to work.  
 25 **Q. Do you remember this day in question,**

- 1 **January 24, 2002?**  
 2 A. I don't remember the particular case, no.  
 3 **Q. Do you generally -- how do you know where**  
 4 **you're going to be for the day when you come in**  
 5 **to work?**  
 6 A. The supervisor puts out room assignments.  
 7 **Q. So you know the morning when you come on**  
 8 **where you're going to be?**  
 9 A. After we get here, she either has made them  
 10 up the night before and we get it out, or she  
 11 makes them after she gets here. But not until  
 12 that day.  
 13 **Q. So your assignment would either be to be**  
 14 **working the OR or you would be in the cath lab?**  
 15 A. Right.  
 16 **Q. Typically?**  
 17 A. If I'm going to be in the cath lab, I know  
 18 that ahead of time because she puts that on the  
 19 four-week schedule. There's three of us that  
 20 share that position.  
 21 **Q. Did that take any special certification to**  
 22 **then be over in the cath lab so much?**  
 23 A. I'm not -- there is a vascular,  
 24 cardiovascular certification, but I am not  
 25 certified there yet.

<p style="text-align: right;">10</p> <p>1 <b>Q. Does it require extra training to be the</b>  2 <b>tech, the radiographic tech in the OR?</b>  3 A. It's all included in your basic  4 radiographic training.  5 <b>Q. Did you have --</b>  6 A. It's part of that.  7 <b>Q. Did you have any in-services relative to</b>  8 <b>working the OR and the cath lab?</b>  9 A. Yes.  10 <b>Q. Did you have any in-services -- let's back</b>  11 <b>up and talk about -- let's see how to hit this.</b>  12 <b>How many vertebroplasties have you been the</b>  13 <b>radiographic -- can I just call you the tech --</b>  14 <b>the tech for?</b>  15 A. Yes.  16 <b>Q. How many vertebroplasties?</b>  17 A. You know, that's the only one that I can  18 remember. And because you showed me the  19 pictures, I remember that -- I mean, my initials  20 are right there so that -- but I really can't  21 even remember doing the case.  22 <b>Q. So you've not done -- as far as you know,</b>  23 <b>you've not done any vertebroplasties before</b>  24 <b>Mrs. Dodd?</b>  25 A. Correct.</p>	<p style="text-align: right;">12</p> <p>1 <b>Q. And how did you come to that understanding?</b>  2 A. I made it up on my own knowing -- going  3 from what "plasty" means and just kind of  4 looking at the procedure, doing the procedure.  5 <b>Q. Is that -- has that happened before with</b>  6 <b>other procedures that you've done? You really</b>  7 <b>didn't know what they were, but when you showed</b>  8 <b>up, you sort of figured it out?</b>  9 A. That's correct. Because he's telling me  10 everything that he wants to see, and my -- you  11 know, I don't have to know how to do that, I  12 just know -- need to know where to put the C-arm  13 and how to use the C-arm, manipulate it.  14 <b>Q. Before we get into those actual specifics,</b>  15 <b>what did you review for today's deposition?</b>  16 A. I saw that on the, like, it looks like to  17 me -- I'm not real familiar with OR's paperwork,  18 but a cover sheet that has my name on it that I  19 was the x-ray tech, I saw the films and I  20 read -- I believe I read -- it's been a few  21 weeks now. I think I read a report of his, and  22 I can't remember where I found it in here.  23 I believe this is the report I read.  24 (Indicating.)  25 <b>Q. The 1/24/02 operative record dated at the</b></p>
<p style="text-align: right;">11</p> <p>1 <b>Q. And as far as you know, you've not done any</b>  2 <b>after Mrs. Dodd?</b>  3 A. Correct.  4 <b>Q. Do you know if anyone in your department,</b>  5 <b>to your knowledge, has done any</b>  6 <b>vertebroplasties?</b>  7 A. I don't know. I don't recall anybody  8 talking about doing the procedure.  9 <b>Q. Did you know when you were asked to work</b>  10 <b>the OR and do Mrs. Dodd's case that you would be</b>  11 <b>doing a vertebroplasty?</b>  12 A. Probably not initially, but I always wait  13 and see the doctor and ask them what they want  14 from me that day, because we can do portables or  15 we can do C-arm.  16 <b>Q. Okay.</b>  17 A. And I never can follow the bouncing ball.  18 I can't -- I just let them guide me.  19 <b>Q. We'll come back to that in a minute.</b>  20 <b>Do you understand what a "vertebroplasty"</b>  21 <b>is?</b>  22 A. Not exactly.  23 <b>Q. Give me your understanding.</b>  24 A. What I think, we have put cement in there  25 to immobilize the part of the spine.</p>	<p style="text-align: right;">13</p> <p>1 <b>bottom by Sandra Kiger?</b>  2 A. Right.  3 <b>Q. And that is the only document that you've</b>  4 <b>read to date except for looking at the films and</b>  5 <b>then the sheet that you talked about earlier,</b>  6 <b>which I assume is this one? (Indicating.)</b>  7 A. Yes, yes.  8 <b>Q. And that's it? That's all that you have</b>  9 <b>reviewed for today?</b>  10 A. I think it was. That's all I can remember  11 that I looked at.  12 <b>Q. Did you read Dr. Ghodsi's deposition?</b>  13 A. No.  14 <b>Q. Did you read anyone's deposition?</b>  15 A. No.  16 <b>Q. Who have you talked to about today's</b>  17 <b>deposition other than your attorney?</b>  18 A. Just the attorney.  19 <b>Q. Did you talk to Dr. Ghodsi about this case?</b>  20 A. No.  21 <b>Q. Have you ever talked to Dr. Ghodsi about</b>  22 <b>this case other than the day you were doing the</b>  23 <b>case?</b>  24 A. No.  25 <b>Q. To your knowledge, is he aware that you're</b></p>

1 having your deposition taken today?

2 A. No.

3 Q. Have you talked to your tech colleagues  
4 about this case?

5 A. No.

6 Q. Did you talk to them the day of the case  
7 about this case?

8 A. Well, I can't remember back that far, but I  
9 usually don't.

10 Q. So each of you kind of operates  
11 independently?

12 A. Yes.

13 Q. And it's not a very collegial situation  
14 unless you need help?

15 A. That's right.

16 Q. You're each kind of on your own?

17 A. Yes.

18 Q. I'm going to assume I know the answer, but  
19 let me ask because you sort of already said. Is  
20 it my understanding then that you have no  
21 independent recollection of this other than what  
22 you see in the records?

23 A. Pretty much.

24 Q. Do you remember Mrs. Dodd at all?

25 A. I do not.

1 vertebroplasty?

2 A. Not to my knowledge.

3 Q. Are there policies and procedures that you  
4 keep for your department relative to specific  
5 procedures?

6 A. There is a book down there that has just  
7 plain radiographic films and the positioning for  
8 that, but I don't recall of anything other than  
9 your basic flat films, just -- I'm talking plain  
10 films.

11 Q. Right. So there's no policy and procedure  
12 manual for some of the other x-rays that you  
13 take. Like when you use the C-arm for, let's  
14 say, I don't know, angioplasty, how do you learn  
15 how to assist with these procedures? Is it  
16 solely on the job, or is there a book that you  
17 can go to to find out how to do a cath or --

18 A. My training came from -- I was a student  
19 here and we did OR rotation as students. So it  
20 came from the x-ray tech that I was with. Then  
21 as I became a tech, it -- anything I had a  
22 question about, there was somebody to ask. But  
23 for the most part, the doctors are telling you,  
24 even if you didn't have a clue, they're telling  
25 you where to be on the procedures. The heart

1 Q. Do you remember going in and assisting  
2 Dr. Ghodsi with the procedure?

3 A. Because it's documented that I was in  
4 there, my name is on the films, I'll have to say  
5 that I was there; but I do not remember.

6 Q. Do you work very often with Dr. Ghodsi?

7 A. Occasionally. I mean, because of my time  
8 being divided up, occasionally.

9 Q. And when I asked you your understanding of  
10 vertebroplasty, did you have that understanding  
11 back then, or is that something that you sort of  
12 formulated in your mind for today's deposition?

13 A. Did I come up with how I thought a  
14 vertebroplasty -- that's what I thought all  
15 along.

16 Q. So at the time you did it, when you were in  
17 the room, to the best of your understanding,  
18 that's what you thought it was?

19 A. Yes.

20 Q. Have you done any research since the  
21 vertebroplasty to learn any more about it?

22 A. I haven't.

23 Q. And is there any policy or procedure manual  
24 down in your department or somewhere that you  
25 can put your hands on that talks about

1 cath is different. We did training in Columbus,  
2 and then we're under the supervision of the  
3 cardiologist.

4 Q. And when you're assisting the doctor, just  
5 in all procedures, are you -- do you tell the  
6 doctor if you see a problem based on what you're  
7 seeing on your screen, or do you wait for them  
8 to ask you if they see a problem?

9 MR. KISH: Objection.

10 MS. CLOUSE: Objection.

11 MR. KISH: You can answer the  
12 question if you can.

13 THE WITNESS: Could you ask me  
14 that again?

15 BY MS. TRESL:

16 Q. Sure. And I'm sure I worded it poorly.

17 If you're assisting with a procedure and  
18 you -- let's say you don't really -- it's not a  
19 procedure you've done a lot of and you're  
20 looking at it and something doesn't look quite  
21 right to you --

22 A. Uh-huh.

23 Q. -- is that something you'd say, "Hey, Doc,"  
24 or do you just wait until they ask you, "Sandy,  
25 do you see anything wrong with that?"

18

1 MR. KISH: Objection.  
 2 MS. CLOUSE: Objection.  
 3 THE WITNESS: I usually -- if I'm  
 4 seeing it for the first time, I wouldn't know.  
 5 But I always like to better my education or  
 6 become familiar with a procedure, so I may ask  
 7 later. Did I ask that day? I don't know.  
 8 BY MS. TRESL:  
 9 **Q. No. And I'm talking just -- I'm talking**  
 10 **just hypothetically, just sort of globally. And**  
 11 **if you've done a procedure once and then you**  
 12 **follow up and you find out and you ask, and the**  
 13 **second or third time if you would see something**  
 14 **again, would that be something that you'd point**  
 15 **out to the doctor if you thought it was maybe**  
 16 **not quite right, or is your job really not to**  
 17 **speak unless you're spoken to, more or less?**  
 18 A. I usually go with don't speak unless I'm  
 19 spoken to.  
 20 **Q. Okay. Do you know, from looking at your**  
 21 **record, or is this independent knowledge, do you**  
 22 **know the day that you did the vertebroplasty the**  
 23 **piece of equipment that you used?**  
 24 A. From looking at the films, I decided it was  
 25 the Siemens C-arm.

19

1 **Q. Okay. Now, you're going to have to do a**  
 2 **whole lot of education, because although I tried**  
 3 **to figure this out, I mean, I'm not even past is**  
 4 **it biplanar or not biplanar so, first of all,**  
 5 **the C-arm, and you tell me, is capable to be**  
 6 **continuous, correct?**  
 7 A. Correct.  
 8 **Q. But it is not the same as C-arm CAT scan,**  
 9 **correct?**  
 10 A. Correct.  
 11 **Q. Okay.**  
 12 A. It doesn't take a slice of the anatomy like  
 13 a CAT scan does.  
 14 **Q. What does it take?**  
 15 A. It just takes -- it would be like a flat  
 16 film, but we'd have that view, but it's live.  
 17 They're watching it. Like on an upper GI, you  
 18 would watch it go down into the esophagus, into  
 19 the stomach. You could actually see it move  
 20 through.  
 21 **Q. And when you're standing there**  
 22 **assisting -- and let's just keep it to this,**  
 23 **because I'm sure there's all kinds of**  
 24 **variations. When you helped with this**  
 25 **vertebroplasty -- and I understand you're trying**

20

1 **to just figure out from the records -- would**  
 2 **that have been continuous, or would the foot**  
 3 **pedal have been -- first of all, I assume that**  
 4 **you can stop and start and stop and start it?**  
 5 **It doesn't have to be continuous?**  
 6 A. That's true.  
 7 **Q. In this case, do you know if it was?**  
 8 A. I can't say -- you're talking about -- not  
 9 from beginning to the end of the case, true?  
 10 **Q. Well --**  
 11 A. You're just talking about -- he would do  
 12 something and then he would, you know, at times  
 13 use fluoro throughout the case. It's not on  
 14 from the beginning to the end.  
 15 **Q. That's what I'm asking you.**  
 16 A. It would not be.  
 17 **Q. Could it be?**  
 18 A. It could have been, but, you know, when  
 19 he's not doing anything --  
 20 **Q. Right.**  
 21 A. -- everybody's getting radiated that  
 22 doesn't need it.  
 23 **Q. Okay. So when the -- and I'm going to**  
 24 **assume that here on this sheet -- and maybe your**  
 25 **attorney can get you this sheet, although you're**

21

1 **happy to look at mine, but the writing is so**  
 2 **fine. The fluoro time, is that 12 minutes 20**  
 3 **seconds?**  
 4 A. That's two-tenths of a minute, but it's  
 5 less than a minute.  
 6 **Q. The 12 is two-tenths of a minute?**  
 7 A. We have 12 minutes, and then the two-tenths  
 8 of a minute.  
 9 **Q. So it's 12 minutes, two tenths minutes?**  
 10 A. Uh-huh.  
 11 **Q. So the first part is 12 minutes?**  
 12 A. That's correct.  
 13 **Q. Now, what I want to understand from this**  
 14 **number is, is this 12 minutes that the machine**  
 15 **was sitting there and you were standing there**  
 16 **with it, or 12 minutes that it was on?**  
 17 A. That it was on.  
 18 **Q. And we assume from what you told me then**  
 19 **that's 12 minutes, that the pedal was actually**  
 20 **on and pictures were being taken?**  
 21 A. Uh-huh. Yes.  
 22 **Q. And it may have been there sitting there**  
 23 **idly for 30 minutes? Am I understanding that?**  
 24 A. That's true, that's true.  
 25 **Q. Those images that you're -- I assume you're**

1 taking pictures during these 12 minutes?

2 A. Yes.

3 Q. And are those images saved?

4 A. That's up to me to save them.

5 Q. Okay. Why, first of all, is that up to you  
6 to save them?

7 A. I have control of that pedal, that switch.

8 Q. Is it your decision whether to save them,  
9 or are you the person that's responsible for  
10 saving them?

11 A. I'm responsible for saving them, and I go  
12 by his guidance on what to save.

13 Q. Okay. Is there anything in this record  
14 that indicates his guidance and what you were to  
15 save? Is there anywhere that I can look to see  
16 that you saved 10 images or 20 or 6, or any  
17 piece of paper?

18 A. I'm not familiar with this -- the OR  
19 report, but I would say there is not.

20 Q. So if, let's say, you did a case and 24  
21 hours later the doctor wanted to see those  
22 images, he would come to you and you would sort  
23 of know what you had saved, or would you go to  
24 the machine and you would have a way to see that  
25 they were saved in there?

1 A. I've printed off actual films at the end of  
2 the case, the end result. Those films I saved  
3 and printed off, and they are filed in the  
4 patient's file.

5 Q. And you base that on what the doctor told  
6 you to save?

7 A. Yes.

8 Q. So if he tells you to save 10 images when  
9 you're done with that patient, more or less,  
10 there will be 10 hard copies in their jacket?

11 A. That's right.

12 Q. And if he asks you to save none, there will  
13 be none in his jacket?

14 A. That's right.

15 Q. But if he tells you to save them, there is  
16 a hard production of them? They're not left in  
17 the C-arm, let's say, to be retrieved five years  
18 later?

19 A. Oh, no. You're right. Yeah. I see what  
20 you're saying.

21 Q. And how long -- I assume that when you make  
22 the pictures, they just don't disappear from the  
23 C-arm, that those images remain for a while, or  
24 are they wiped out?

25 A. They are in there for some time, yes. I

1 don't know what the length is.

2 Q. Is it, like, 24 hours, or, like, seven  
3 months?

4 A. It has a certain amount of memory.

5 Q. Yes.

6 A. And as it builds up, it erases the  
7 beginning and prints over the beginning. So it  
8 would depend a lot on how long -- how often that  
9 C-arm was used.

10 Q. So then I can assume during these 12  
11 minutes that these two films that I have -- and  
12 there may be more, but the two that I have,  
13 those are the only two that Dr. Ghodsi asked you  
14 to save?

15 A. Yes.

16 Q. Now, you've never done any of the other  
17 vertebroplasties, and I assume from what you've  
18 said, you don't know if it's usual or unusual?

19 A. Correct.

20 Q. Do you usually save a lot of images when  
21 you're helping with these kinds -- any kind of  
22 procedure that involves the C-arm?

23 A. Basically, your main game plan is to save  
24 the final answer. You know, like, let's say  
25 we're talking about bone work and they may have

1 pictures of a certain thing that they've done,  
2 they may go back and change it. You only want  
3 to take how they left it in the end.

4 Q. I see. So that's usual then just to be  
5 left with the images at completion?

6 A. (Witness nodding head up and down.)

7 Q. And since we're talking about that, what  
8 did -- how many x-rays did you review for today  
9 that you felt you were responsible for taking  
10 that day, or your attorney decided you were  
11 responsible for?

12 A. I remember the C-arm, the ones on the  
13 C-arm, but I don't --

14 Q. Here. I'll let you -- and again, you're  
15 going to have to educate me. This is what your  
16 attorney gave me. Now, those two are the 24th,  
17 and then this one is the 27th, so I'm assuming  
18 it doesn't involve you, but I'll just have you  
19 double check, because I don't want to --

20 A. Again, we'll have to go over the paperwork  
21 because there's no way of --

22 Q. Right.

23 A. If I do a belly film, my marker is on there  
24 with my initials. And this, you're just going  
25 by this. (Indicating.)



1 **Q. Right.**  
 2 A. So I was not in on the case on the 27th.  
 3 Is that what the paperwork says?  
 4 **Q. No, your name isn't on there. But this is**  
 5 **what your counsel gave me, and I just wanted to**  
 6 **make sure. So this isn't an issue, and I can**  
 7 **push it to the side.**  
 8 A. Yes. These would be the films from -- that  
 9 I took during the case.  
 10 **Q. And those are the only films that you**  
 11 **reviewed, that your counsel had you review that**  
 12 **exist, as far as you know? I mean, you didn't**  
 13 **look at a stack of seven of them this morning**  
 14 **and I just have one? Is that what you looked at**  
 15 **this morning or last week or whenever you**  
 16 **reviewed them?**  
 17 A. Whenever we reviewed them.  
 18 **Q. That was it, these two?**  
 19 A. Yes.  
 20 **Q. Okay. Now, my first question is, there's**  
 21 **no time, is there, or do I just not see it? And**  
 22 **it's probably that I just don't see it.**  
 23 A. This actual C-arm does not have a time on  
 24 there. If you had the folder that this came in  
 25 and I did it, it's written on the outside of it.

1 **Q. Okay.**  
 2 A. The time that I -- now, that would be the  
 3 time that I started the case and ended the case  
 4 is what's written on there and the date.  
 5 **Q. So do we know in any way then that this is**  
 6 **the film of the completion, or do we just base**  
 7 **it on the fact that that's usually when you make**  
 8 **the final copy?**  
 9 A. That's when we usually make the final copy.  
 10 **Q. So we don't know really when in the**  
 11 **procedure this was taken. We're just assuming,**  
 12 **based on what you said earlier, about that's**  
 13 **when you make the final pictures?**  
 14 A. Yes. That this would have to be, like, the  
 15 final film.  
 16 **Q. And when you're looking at that from a**  
 17 **tech's point of view -- I'm not asking you to**  
 18 **act like a radiologist -- what do you see there?**  
 19 MS. CLOUSE: Can I have an  
 20 objection? You can answer.  
 21 THE WITNESS: Contrast of the  
 22 spine.  
 23 BY MS. TRESL:  
 24 **Q. Okay. Let me take another look at it, see**  
 25 **if I have another question. Contrast of the**

1 **spine is more than I could tell.**  
 2 **Can you tell -- so one is -- I'm looking at**  
 3 **the same thing, only I'm looking at them from**  
 4 **different angles; is that correct? And is one**  
 5 **AP and one lateral, one oblique?**  
 6 A. This was the lateral. (Indicating.)  
 7 **Q. Yes. And, please, for the record, the**  
 8 **lateral view is the top of the film indicated**  
 9 **the 24th.**  
 10 A. And this is the AP. (Indicating.)  
 11 **Q. AP?**  
 12 A. I just didn't turn it upright. He may have  
 13 wanted to see it in that view, that way. I  
 14 don't remember.  
 15 **Q. And why is that an unusual -- or not your**  
 16 **normal view?**  
 17 A. It's a normal view, it was just -- I should  
 18 have -- he didn't want to look at it like that.  
 19 I should have made them both upright just to  
 20 make them pretty.  
 21 **Q. I see, I see. So cosmetically?**  
 22 A. Yes.  
 23 **Q. Aesthetically?**  
 24 A. Yes.  
 25 **Q. So the top is the lateral and the bottom is**

1 **the AP, correct?**  
 2 A. Yes.  
 3 **Q. And there's no oblique, or is lateral and**  
 4 **oblique the same term?**  
 5 A. It's two different terms.  
 6 **Q. So there's no oblique on here?**  
 7 A. Right.  
 8 **Q. Is this biplanar or uniplanar, or if that's**  
 9 **even the term. I know biplanar, but I don't**  
 10 **know what the other one is. Single plane?**  
 11 A. It would be single.  
 12 **Q. Does the C-arm --**  
 13 A. Well, I've got to say that I'm a little  
 14 confused on what you -- I think what we're  
 15 talking about on biplanar is you're taking a  
 16 picture like a lateral and AP at the same time.  
 17 **Q. I believe that's correct.**  
 18 A. That is an AP and lateral, but I had to  
 19 move the C-arm to go from one to the other. It  
 20 wasn't taking it at the same time.  
 21 **Q. Were these taken in the recovery room, or**  
 22 **in the procedure room?**  
 23 A. In the procedure room.  
 24 **Q. And at any time do you know if you were**  
 25 **asked to take x-rays in the recovery room or the**

1 **PACU or the secondary PACU?**

2 A. I don't recall taking films there, and  
3 since they weren't pulled out, I'm assuming that  
4 they weren't. I'm having to go on  
5 actual -- because I don't remember doing it.

6 **Q. If you had assisted with -- we know you**  
7 **assisted with the procedure. If they had wanted**  
8 **films in the recovery room, typically, would you**  
9 **have been the one to do them, or would they have**  
10 **called someone else up?**

11 A. I would have typically been the first one  
12 to go unless I was tied up in another case, and  
13 then somebody else would have come up and taken  
14 the films.

15 **Q. All right. Can you sort of paint for me**  
16 **the word picture about how you would have been**  
17 **positioned, where the doctor was and sort of**  
18 **just put me in the procedure room when this all**  
19 **begins?**

20 A. I was probably on the opposite side of the  
21 table of him, and it's like a -- have you seen a  
22 C-arm?

23 **Q. I have, but you go ahead. Assume nothing.**

24 A. The patient's on the table when you come in  
25 with the C-arm, so the top is above the patient.

1 **Q. And are you watching it as he's doing the**  
2 **procedure, or are you focused down here?**

3 A. I'm watching at the screen so I know if I  
4 need to move to put my anatomy in the middle of  
5 the screen, that I have what he wants to see in  
6 the middle of the screen.

7 **Q. We're in a little bit of a deficit because**  
8 **you don't remember the procedure, so a lot of**  
9 **the questions I wanted to ask you about what you**  
10 **actually observed -- do you remember observing**  
11 **the procedure with Mrs. Dodd?**

12 A. Pretty much. Like I said, you know, my  
13 name is in here. It says I was there.

14 **Q. Right.**

15 A. And I could tell you how I marked a film or  
16 what have you, but I do not remember being in  
17 that procedure.

18 **Q. Do you remember anything at all about being**  
19 **in that procedure room? Any conversations?**

20 A. No.

21 **Q. Anything special that you had to do or**  
22 **anything different that you had to do?**

23 A. No.

24 **Q. Okay. And you've not done one since, so**  
25 **you don't have anything to even compare?**

1 It's not touching the stirrup field. The tube  
2 is underneath. Okay. That's your AP and then  
3 you can swing the tube to lateral.  
4 (Indicating.)

5 **Q. Okay. And then you have your bulletproof**  
6 **gown on?**

7 A. True.

8 **Q. And you stand there and wait for the doctor**  
9 **to tell you what he wants you to do?**

10 A. Right.

11 **Q. He has a foot pedal and you have a foot**  
12 **pedal?**

13 A. I only have a foot pedal.

14 **Q. And he tells you --**

15 A. When to fluoro.

16 **Q. And what does he say?**

17 A. "Fluoro."

18 **Q. "Fluoro," and then he says "off"?**

19 A. He'll either say it, or I'll know that he's  
20 done looking at what he wants to look at and  
21 I'll go off.

22 **Q. And do you have the screen and he has the**  
23 **screen, or does only he have the screen?**

24 A. It's one screen, but it's positioned so  
25 everybody can see it.

1 A. Not that I can recall.

2 **Q. It sounds like from what you're telling me**  
3 **that doing this is fairly straightforward. It's**  
4 **not unusual, it's just a question of doing what**  
5 **the doctor tells you; is that correct?**

6 A. That's correct.

7 **Q. It's not considered an extremely**  
8 **complicated radiographic procedure; is that**  
9 **correct?**

10 A. That's correct.

11 **Q. And you may not be able to answer this, but**  
12 **my understanding is that there is dye that's**  
13 **injected and then cement follows that. Is that**  
14 **accurate?**

15 A. Well, I guess I'm not at liberty to say,  
16 because I thought that they were mixing -- after  
17 reading the report, I think we're talking  
18 about -- and again, that's where I really didn't  
19 need to know, but I was interested in knowing.

20 **Q. Right.**

21 A. And I was trying to follow what was going  
22 on, but I really don't know. The surgeon and  
23 the scrub techs are passing those things off and  
24 I'm not -- you know, I don't know if it's mixed  
25 in the cement, or we put the contrast in and

1 then put the cement in or -- I don't really know  
 2 what happens there.  
 3 **Q.** In general, when you do a procedure -- and  
 4 there may not be such a procedure where there's  
 5 dye and cement. Is there another procedure  
 6 where there's dye and cement? Let me ask you  
 7 this: Can you tell the difference between dye  
 8 and cement when you're looking at a film, or  
 9 when you're doing a C-arm?  
 10 A. Looking at that film right there, I  
 11 can't -- I couldn't tell you if that was just  
 12 contrast put in there or if it was put in with  
 13 cement, because I don't know what they've passed  
 14 off to each other.  
 15 **Q.** And what about when you're doing a  
 16 procedure and you're looking at it as you're  
 17 turning the screen off and on, can you tell the  
 18 difference between dye and cement?  
 19 A. I don't know that I can.  
 20 **Q.** I read somewhere -- and this may be like  
 21 the stupidest question in the world, but it  
 22 shows my radiographic equipment ignorance. Is  
 23 the thing that you were doing a high-resolution  
 24 image intensifier, if you know?  
 25 A. I don't know.

1 **Q.** Does it have a permanent imaging record  
 2 with it? I'm assuming that's what we talked  
 3 about.  
 4 A. By that you mean like those films?  
 5 **Q.** I don't know. I don't know.  
 6 A. I guess I don't know the answer to that,  
 7 either.  
 8 **Q.** Would it be possible to save those images  
 9 permanently? I mean, I'm going to guess maybe  
 10 what that means is that there's a way to unload  
 11 those images onto a CD-ROM or a DVD or  
 12 something?  
 13 A. If that's what they're talking about, we  
 14 can't do that.  
 15 **Q.** You can't do that with the piece of  
 16 equipment that you use?  
 17 A. Right.  
 18 **Q.** Do you know, is there a CAT scan -- would  
 19 there have been a CAT scan available while you  
 20 were doing this procedure? A room for a CAT  
 21 scan is available at Marietta?  
 22 A. While she was in OR, was there -- not a CAT  
 23 scan to be done while she was in the OR room?  
 24 **Q.** Right.  
 25 A. That's not possible.

1 **Q.** No. If the doctor had said, "Sandy, I want  
 2 to take her down for a CAT scan now," was that  
 3 something that you could have done?  
 4 A. It's not something that I could have done.  
 5 I don't do CAT scans.  
 6 **Q.** Is there -- was there a CAT scan room that  
 7 she could have been taken down to? Is there  
 8 someone that you could have called and said,  
 9 "Doctor wants her to have a CAT scan," and a CAT  
 10 scan could have been done by someone in the  
 11 department?  
 12 A. They would have -- I would have had to  
 13 call -- contact CAT scan and ask them when they  
 14 could get her done. Because they have  
 15 outpatients and inpatients that they're doing,  
 16 and it would be up to them to work it into their  
 17 schedule.  
 18 **Q.** But they do have a CAT scan and it is  
 19 available for emergencies, correct?  
 20 A. Yes.  
 21 **Q.** And as far as you know in January of 2002,  
 22 that was true?  
 23 A. Yes.  
 24 **Q.** Have you ever assisted with a kyphoplasty,  
 25 that you know of?

1 A. Not that I know of.  
 2 **Q.** Do you know what a "kyphoplasty" is?  
 3 A. I really don't.  
 4 **Q.** Let me ask you then, because we'll be back  
 5 to the records -- when I go down to the seventh  
 6 line from the bottom, "Needles were placed both  
 7 under AP and lateral fluoro and position  
 8 confirmed." Tell me what you're doing relative  
 9 to that statement. What is your job in relation  
 10 to that?  
 11 A. Just simply fluoroing, showing him where  
 12 the needle is.  
 13 **Q.** And when he says that, "after adjustment  
 14 and correct positioning of the needle" -- which  
 15 is about 10 lines up. After it says, "The  
 16 position was checked under fluoro," and I'm  
 17 reading the operative record dated 1/24. "The  
 18 position was checked under AP after adjustment  
 19 and correction positioning of the needle on both  
 20 views," what would you be doing with that,  
 21 relative to that sentence?  
 22 A. I showed him an AP and then swung  
 23 underneath the table into a lateral.  
 24 **Q.** "And found to have no extravasation." Is  
 25 that a -- is that something that he would see on

1 fluoro, or is that something that he knows from  
2 some other way? Would your C-arm presumably  
3 still be on for that second part of the  
4 sentence, "found to have no extravasation"?  
5 A. He's used the fluoro to look at that.  
6 Q. And that's where he determines there's no  
7 extravasation --  
8 A. Yes.  
9 Q. -- through an image?  
10 So we can assume from this that this is  
11 not -- these two photos are not the AP and  
12 lateral fluoro that's discussed here where  
13 needles were placed under AP and lateral fluoro  
14 position confirmed? There are no saved images  
15 of the needles, a positioning being confirmed,  
16 correct?  
17 A. Correct.  
18 Q. This is just when all is done and Mrs. Dodd  
19 is ready to be wheeled out, correct?  
20 A. Correct.  
21 Q. Do you know, as a tech, when you're looking  
22 at a procedure like this, can you sort of  
23 determine the anatomy when you're looking at it?  
24 For example, can you tell the soleus muscle from  
25 the dura, or is that something that's way beyond

1 your scope of what you're looking at?  
2 A. That would be, that particular example. If  
3 we're talking about what level of vertebra --  
4 Q. Okay. Talk to me about that.  
5 A. You can use the -- take the last rib and  
6 then you're counting down from there.  
7 Q. What other landmarks can you see when  
8 you're operating the C-arm for a procedure like  
9 this?  
10 A. Pretty much bone work. If they have  
11 contrast in there, you could see that.  
12 Q. You can see the contrast?  
13 A. (Witness nodding head up and down.)  
14 Q. Can you make out, let's say, the dura or  
15 the spinal canal or the muscles around it? I  
16 mean, is it possible, what you're looking at  
17 with contrast, to see those anatomies?  
18 MR. KISH: Objection, but you  
19 can answer.  
20 THE WITNESS: Those particular  
21 anatomies?  
22 BY MS. TRESL:  
23 Q. Yes.  
24 A. You can't put contrast in those, as far as  
25 I'm aware of.

1 Q. Okay. So then you wouldn't be able to  
2 save -- the doctor said, "Sandy, point out to me  
3 the soleus muscle," you wouldn't be able to go,  
4 "There it is, Doctor," based on the C-arm?  
5 A. I couldn't do it. Maybe a radiologist  
6 could.  
7 Q. You have no recollection of whether or not  
8 Dr. Ghodsi talked to you about any difficulty  
9 with the procedure whatsoever; is that correct?  
10 A. Like I said, I don't really remember the  
11 case that day; but I think something like that I  
12 would have remembered because it would have been  
13 abnormal. But I don't -- we didn't talk about  
14 anything of that nature.  
15 Q. And you don't remember discussing it with  
16 your colleagues in any way afterwards that it  
17 was unusual?  
18 A. No. I would have known it was unusual.  
19 Q. Okay. But no one said later that they had  
20 heard anything or, "Gee, I heard the  
21 vertebroplasty went well" or "didn't go well,"  
22 or "What did you think of your first  
23 vertebroplasty?" It was not a terribly  
24 remarkable event?  
25 A. I don't recall anything from it.

1 Q. And if something was eventful, you probably  
2 would recall?  
3 A. I would think I would, but I can't really  
4 say for sure that I would.  
5 Q. I think that we're winding down. If I can  
6 have a couple of minutes to go through my notes.  
7 MS. TRESL: Go off the record,  
8 please.  
9 (Thereupon, a discussion was held off  
10 the record.)  
11 MS. TRESL: Back on the record.  
12 BY MS. TRESL:  
13 Q. Just in case, this has come up, too. Have  
14 you -- the last witness knew Mrs. Dodd and  
15 Sherry outside of the hospital. Are you friends  
16 with Sherry or Mrs. Dodd? Have you seen them  
17 out and about, members of their church, anything  
18 like that?  
19 A. I wouldn't know them if I saw them.  
20 Q. You wouldn't know them? Okay. Good. I  
21 mean, not really, but okay.  
22 Do you know if -- I just asked you the  
23 question sort of as a tech, which view you would  
24 need to have in order to -- which view a doctor  
25 would ask you to give him to see if there was a

<p style="text-align: right;">42</p> <p>1 leak of cement?</p> <p>2 A. I would guess, going by his report, that he</p> <p>3 would want to see the AP and lateral both. But</p> <p>4 I really can't say.</p> <p>5 Q. And would you just show those to him like</p> <p>6 in rapid succession? Is that how, or do you</p> <p>7 just flip back and forth?</p> <p>8 A. Uh-huh.</p> <p>9 Q. You would never show them at the same time</p> <p>10 because you would have to flip back and forth,</p> <p>11 correct?</p> <p>12 A. Well, you have a save screen. You can do</p> <p>13 the AP, move it to the saved side and then flip</p> <p>14 to your lateral.</p> <p>15 Q. So they could both be up --</p> <p>16 A. Yes.</p> <p>17 Q. -- at the same time?</p> <p>18 Are there any other images, any other views</p> <p>19 that you can take other than AP and lateral?</p> <p>20 A. Well, the C-arm will move clear around so</p> <p>21 you can do it any position. But what he wants</p> <p>22 is -- the views that he tells me to give him is</p> <p>23 what I do.</p> <p>24 Q. Have you ever assisted with the removal of</p> <p>25 cement? In other words, Mrs. Dodd had cement</p>	<p style="text-align: right;">44</p> <p>1 Q. Other than putting the two words --</p> <p>2 dividing the words in two, vertebral from</p> <p>3 plasty?</p> <p>4 A. Correct.</p> <p>5 Q. And you never received any training</p> <p>6 relative to helping with vertebroplasty?</p> <p>7 A. I have training for what my part of the</p> <p>8 procedure would involve. You know, showing the</p> <p>9 AP and a lateral.</p> <p>10 Q. But specific to vertebroplasty?</p> <p>11 A. As far as how it is done, I don't -- I</p> <p>12 really don't know, no.</p> <p>13 Q. And have you ever had any training</p> <p>14 subsequent to that on how exactly to assist with</p> <p>15 a vertebroplasty specifically?</p> <p>16 A. Pretty much our job now would be the same</p> <p>17 as it was then. We're just showing APs and</p> <p>18 laterals.</p> <p>19 Q. Is there anything that you remember about</p> <p>20 or that stands out in your memory about this</p> <p>21 case that we haven't talked about?</p> <p>22 A. No.</p> <p>23 Q. I think we're done.</p> <p>24 A. Okay.</p> <p>25 MR. KISH: You have the right</p>
<p style="text-align: right;">43</p> <p>1 removed from her that was put in from the</p> <p>2 vertebroplasty. Have you ever assisted with the</p> <p>3 removal of cement following a vertebroplasty?</p> <p>4 A. No.</p> <p>5 Q. And were you involved in any way with the</p> <p>6 procedure to remove the cement from the first</p> <p>7 vertebroplasty?</p> <p>8 A. No.</p> <p>9 Q. Are you familiar at all with the radiopaque</p> <p>10 materials that are added to the cement prior to</p> <p>11 the vertebroplasty?</p> <p>12 A. I think I read in his report it's barium,</p> <p>13 but I don't know what it is really.</p> <p>14 Q. You're not involved in that in any way,</p> <p>15 mixing it?</p> <p>16 A. I am not, no.</p> <p>17 Q. Does he ask you to check to see if it's</p> <p>18 bright enough or contrasting enough, or he just</p> <p>19 looks at that and determines that himself?</p> <p>20 A. He determines that himself.</p> <p>21 Q. And just so that I'm clear about the</p> <p>22 record, when you went in to do the procedure,</p> <p>23 you really didn't know anything at all about the</p> <p>24 procedure; is that correct?</p> <p>25 A. Correct.</p>	<p style="text-align: right;">45</p> <p>1 to read your deposition transcript for accuracy,</p> <p>2 but if you'll just tell that lady that you'll</p> <p>3 waive, you'll be done.</p> <p>4 THE WITNESS: I'll waive.</p> <p>5 (Thereupon, the S. Brightwell, R.T.,</p> <p>6 deposition was concluded at 10:59</p> <p>7 o'clock a.m.)</p> <p>8 ---</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>

## 1     C E R T I F I C A T E

2     STATE OF OHIO, )

3     ) SS:

4     SUMMIT COUNTY, )

5     I, Anika W. Patrick, a Registered  
6     Professional Reporter and Notary Public within  
7     and for the State of Ohio, duly commissioned and  
8     qualified, do hereby certify that the within  
9     named witness, SANDY BRIGHTWELL, R.T., was by me  
10    first duly sworn to testify the truth, the whole  
11    truth and nothing but the truth in the cause  
12    aforesaid; that the testimony then given by her  
13    was by me reduced to Stenotypy in the presence  
14    of said witness, afterwards prepared and  
15    produced by means of Computer-Aided  
16    Transcription and that the foregoing is a true  
17    and correct transcription of the testimony so  
18    given by her as aforesaid.

19    I do further certify that this deposition  
20    was taken at the time and place in the foregoing  
21    caption specified, and was completed without  
22    adjournment.

23    I do further certify that I am not a  
24    relative, employee of or attorney for any party  
25    or counsel, or otherwise financially interested  
26    in this action.

27    I do further certify that I am not, nor is  
28    the court reporting firm with which I am  
29    affiliated, under a contract as defined in Civil  
30    Rule 28(D).

31    IN WITNESS WHEREOF, I have hereunto set my  
32    hand and affixed my seal of office at Akron,  
33    Ohio on this 28th day of October, 2003.

34     \_\_\_\_\_  
35     Anika W. Patrick, RPR

36     My commission expires March 13, 2005.

37     - - -

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