

1 IN THE COMMON PLEAS COURT

2 STARK COUNTY, OHIO

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4
5 SANDRA T. SHONK, et al.,)

6 Plaintiffs,)

7 vs.)

No. 2003 CV 00056

8 DOCTORS HOSPITAL OF STARK)

9 COUNTY, et al.,)

10 Defendants.)

ORIGINAL

11 - - -

12 Deposition of METHOD A. DUCHON, M.D., an Expert

13 Witness herein, called by the Plaintiffs for

14 cross-examination, pursuant to the Rules of Civil

15 Procedure, taken before me, the undersigned, Joyce L.

16 Zingale, a Registered Professional Reporter and Notary

17 Public in and for the State of Ohio, at the offices of

18 Weston, Hurd, Fallon, Paisley & Howley, 50 Public Square,

19 Suite 2500, Cleveland, Ohio, on Tuesday, the 14th day of

20 October, 2003, at 10:00 o'clock, a.m.

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23 COCANNE
24 11/29/03
25

1 APPEARANCES:

2 On behalf of the Plaintiffs:

3 (Via Telephone.)

4 J. Thomas Henretta, Attorney at Law,
5 120 East Mill Street, Suite 401,
Akron, Ohio 44308.

6 (330) 376-7800

7 On behalf of the Defendants:

8 Weston, Hurd, Fallon, Paisley & Howley;

9 By: Pamela E. Loesel, Attorney at Law,
10 50 Public Square, Suite 2500,
Cleveland, Ohio 44113-2241.

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EXHIBITS:PAGE:Plaintiffs' Exhibit 1

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(Curriculum Vitae of Method A. Duchon, M.D.)

Plaintiffs' Exhibit 2

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(September 13, 2001 Report of Method A. Duchon, M.D.)

Plaintiffs' Exhibit 3

33

(Medicaid Consent Form)

Plaintiffs' Exhibit 4

33

Doctors Hospital Consent Form)

Plaintiffs' Exhibit 5

33

(Operative Report of Dr. Cain)

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1 METHOD A. DUCHON, M.D.

2 of lawful age, an Expert Witness herein, having been first
3 duly sworn, as hereinafter certified, deposed and said as
4 follows:

5 CROSS-EXAMINATION

6 By Mr. Henretta:

7 Q All right. You are Dr. Method Duchon?

8 A That's correct.

9 Q Doctor, I represent Sandra and Todd Shonk in this
10 case that they have filed against Dr. Cain. I'm
11 going to ask you some questions about the opinions
12 that you've been asked to give and presumably will
13 give at the trial of this matter next week.

14 If I ask a question that you don't understand,
15 please stop me and I will attempt to rephrase it.

16 If you do answer my question, I'm going to rely upon
17 the fact that you did understand it.

18 Is that fair?

19 A Yes, sir.

20 Q And of course we appreciate audible answers, as you
21 know, so the Court Reporter can take down what we
22 say here today.

23 Let me start here with your Curriculum Vitae.

24 Did you bring that with you or do you have it
25 nearby?

1 A I brought copies today with me.

2 MR. HENRETTA: All right. I'd like the
3 Court Reporter to mark that as Exhibit 1.

4 (Plaintiff's Exhibit 1 was
5 marked for identification.)

6 By Mr. Henretta:

7 Q Do you have your report of 9-13-01?

8 Let's mark that as Exhibit No. 2.

9 Do you have those two consent forms?

10 MS. LOESEL: We have copies of those here,
11 yes. I'm not sure I have an extra one. We
12 can make a copy for the Court Reporter if you
13 want those marked, and we can do that at the
14 end of the deposition.

15 MR. HENRETTA: Just so we have a note here
16 that the first consent form that simply says
17 "Consent," that that would be the next one,
18 that would be No. 3, Dr. Duchon, Plaintiff's
19 Exhibit 3.

20 The consent for operation/procedure that's
21 of Doctors Hospital would be No. 4.

22 No. 5, if necessary, would be the report
23 of operation of -- it was exhibited as No. 2
24 in Dr. Cain's deposition.

25 MS. LOESEL: Which report?

1 Is that Dr. Cain's report or Dr. Conklin's
2 report?

3 MR. HENRETTA: That would be the next
4 number, wherever we are.

5 And then the last one would be
6 Dr. Conklin's Op Report, which was No. 3 in
7 Dr. Cain's. So we've got them all marked so
8 we don't have to keep stopping this. You can
9 probably get those to the Court Reporter or we
10 can fax them to her or whatever.

11 (Discussion had off record.)

12 By Mr. Henretta:

13 Q With respect to, then, Doctor, our Exhibit No. 1
14 today, is that current as we sit here today?

15 A Yes, sir.

16 Q And as far as your report -- let me ask you this
17 question: What documents did you review in order to
18 generate your report of 9-13-01, which is Exhibit 2?

19 A Basically the hospital records as outlined in my
20 report.

21 Q Okay. Now let's ask the follow-up question, then.

22 What about in preparation for today, what
23 additional items have you read before your
24 deposition today since you wrote the report in
25 September, 2001?

1 A The depositions of Dr. Cain, Mr. and Mrs. Shonk,
2 Dr. Cooperman and Dr. Tantri, T-a-n-t-r-i.
3 Q Okay. Did you do any literature search since your
4 9-13 report in preparation for today?
5 A No, sir.
6 Q Has your report of 9-13-01, Exhibit 2, changed as a
7 result of what you have read in preparation for
8 today?
9 A Yes, sir.
10 Q Are you there?
11 A Yes, sir.
12 Q Are you looking?
13 A Yes, sir, I said my report has changed.
14 Q I guess you didn't hear my follow-up question.
15 A No, I did not.
16 Q In what respect or what respects has it changed?
17 A An issue has been raised concerning a consent form,
18 and I have an opinion concerning that.
19 Q Okay. Other than the consent issue, are you relying
20 upon the opinions that you generated in that report
21 of 9-13-01?
22 A Yes, sir.
23 Q That portion of your opinions that you'll give at
24 trial has not changed?
25 A That is correct.

1 Q Now, you were hired, were you not, by the law firm
2 of Weston Hurd, or Beverly Harris possibly at the
3 time you were hired, or Pamela Loesel, to give
4 opinions in this case, correct?

5 A That's correct.

6 Q Can you tell me what your charges are for the report
7 you generated?

8 A I charge \$300 per hour.

9 Q Okay. Now, is that \$300 per hour for all the
10 matters concerning litigation?

11 You know, in other words, is it 300 an hour if
12 you come to trial, if you write a report, if you
13 give a deposition?

14 A That's correct.

15 Q Do you know how much time you have spent up till
16 today on this case?

17 A Not offhand. I could only do a very rough estimate.

18 Q Well, you don't have -- do you have some sense of
19 how many hours you put in?

20 A Three or four hours probably.

21 Q Okay. On a yearly basis, how many cases do you
22 review regarding allegations of medical negligence
23 or deviations from the standard of care?

24 A Probably somewhere between ten and twenty.

25 Q All right. Do you have a breakdown as between

1 Plaintiff and Defendant for whom you work on those
2 cases?

3 A Generally it's about 75 percent Defense, 25 percent
4 on behalf of patients.

5 Q Have you done work in the past for Attorney Beverly
6 Harris at Weston Hurd?

7 MS. LOESEL: Objection.

8 Go ahead.

9 By Mr. Henretta:

10 Q Well, I mean in connection with serving as an Expert
11 Witness.

12 A Are you asking about Ms. Harris specifically or the
13 law firm specifically?

14 Q Well, we can start with Ms. Harris, then go with the
15 law firm.

16 A I think I may have done one other case for her
17 sometime in the past, and I may not have.

18 Q How about the firm?

19 A I have done a couple of cases -- or several cases
20 for Weston Hurd.

21 Q For what period of time, Doctor?

22 A Probably over the last twenty years that I've been
23 doing this.

24 Q Do you know generally how much money you generate as
25 an Expert Witness on an annual basis, you know,

1 outside OF your clinical practice?

2 MS. LOESEL: Objection.

3 A \$30,000 last year.

4 By Mr. Henretta:

5 Q How about prior testimony?

6 Well, you've answered that.

7 Have you ever been sued for medical
8 negligence?

9 A Yes, sir.

10 Q Did you hear my last question?

11 A No, sir. I'm sorry.

12 Q I said on how many occasions?

13 A Oh, I'm sorry.

14 Q Okay. I think this phone skips.

15 A As I answered in other depositions, I am in the
16 database in the Cuyahoga County six times. I'm only
17 aware of two cases, though, both of which I was
18 dismissed from. I was recently named in a lawsuit
19 in Lake County.

20 Q All right. Have any of the cases against you gone
21 to verdict?

22 A No, sir.

23 Q Did any of the cases against you settle for a
24 monetary amount?

25 A I was dismissed from the two cases I am referring

1 to.

2 Q But there's never been a settlement?

3 A On my behalf, no, sir.

4 Q Okay. So I take it, then, from that answer, no

5 money has been paid out in a case where you were

6 named as a Defendant, no money has been paid out on

7 your behalf?

8 A That's correct.

9 Q Moving ahead here, Doctor, I'd like to talk a little

10 bit about Dr. Cooperman.

11 A Yes, sir.

12 Q You've read his deposition testimony?

13 A Yes, sir.

14 Q Do you have any criticism of his findings and

15 conclusions?

16 A Yes, sir.

17 Q What would those be?

18 A His statement that the fact this injury occurred was

19 less than the standard of care is not correct.

20 Q Okay. And what else?

21 A And his statement that he thinks the consent form

22 was inadequate is not correct.

23 Q In what respect do you take issue with the consent

24 form?

25 A I think it's an excellent consent.

1 Q Okay. What do you take issue with his conclusions
2 regarding the fact that it wasn't an excellent
3 consent form?

4 A Well, he has never consented a patient for an
5 elective surgical procedure. He's never consented a
6 patient for a laparoscopic tubal ligation. He's
7 never performed a laparoscopic tubal ligation. I
8 think Dr. Cain outlined carefully to the patient
9 that there are risks with the procedure. That is
10 documented on the consent form. She has two consent
11 forms, both the Medicaid and the hospital one, in
12 which there's specific notations as to risk. I
13 think it's an excellent consent form.

14 Q You feel that even though he did not advise her or
15 indicate to her that a full laparotomy might result
16 in her procedure?

17 A As I said, I think it's an excellent consent form.

18 Q Oh, good. I mean, why is it excellent?

19 A Because he separately outlined damage to the uterus,
20 tubes, ovaries or surrounding structures.

21 Q Everything except what happened to her, it looks
22 like.

23 MS. LOESEL: Objection.

24 A I would not characterize it that way.

25 By Mr. Henretta:

1 Q But you're telling us today and you're going to tell
2 the Jury that you do not believe that this doctor
3 should have told her that she could have a full open
4 procedure?

5 A He outlined that there were complications from this
6 procedure to the patient, and specifically
7 enumerated them.

8 Q Does it say that she could have a laparotomy on the
9 consent form?

10 I couldn't find it.

11 MS. LOESEL: Objection.

12 A As I said, I think this is an excellent consent
13 form.

14 By Mr. Henretta:

15 Q Where does it say that he advised her or in his
16 testimony where he advised her that she could have a
17 laparotomy as a result of this?

18 MS. LOESEL: Objection.

19 A In the consent form, "I permit Dr. Cain with an
20 associate or assistants to operate/perform
21 procedure(s) on me. If any unexpected condition
22 occurs during the operation/procedure which, in my
23 doctor's opinion, needs treatment in addition to or
24 different" --

25 Q Where do you see the word "laparotomy" on the

1 consent form?

2 I can't find it.

3 Have you seen it?

4 A No, sir.

5 Q So I take it that he did not tell her one of the
6 risks of this procedure is that she could have to
7 have a laparotomy?

8 MS. LOESEL: Objection.

9 By Mr. Henretta:

10 Q Am I right or wrong?

11 A I do not see "laparotomy" on the consent form.

12 Q Did you read his deposition testimony?

13 A Yes.

14 Q Didn't he say that he did not tell her that she
15 could have a laparotomy?

16 MS. LOESEL: Objection.

17 A To the best of my recollection, that's correct.

18 By Mr. Henretta:

19 Q Do you think that's okay?

20 A Yes, sir.

21 Q What other criticisms do you have of Dr. Cooperman
22 as far as the opinions he's giving in this case?

23 A He said that this complication was malpractice.

24 That's not correct.

25 Q Why is it not correct?

1 A It is a well-described complication of this
2 procedure.

3 Q So just because it's a complication means it's all
4 right?

5 Is that your testimony?

6 A No, sir.

7 Q Well, what is it?

8 I don't understand.

9 It just seems to me, and correct me if I'm
10 wrong, if a procedure is performed incorrectly and
11 resulting damage occurs, are you telling me that
12 that's within the standard of care?

13 MS. LOESEL: Objection.

14 A There's no indication the procedure was performed
15 incorrectly.

16 By Mr. Henretta:

17 Q Answer that question.

18 If a procedure is performed incorrectly, i.e.,
19 the insertion of the trocar, if it's not done right,
20 if there's too much pressure exerted on the
21 instrument and there's resulting major vessel
22 damage, are you telling me that that's within the
23 standard of care?

24 MS. LOESEL: Objection. Are you asking --

25

1 By Mr. Henretta:

2 Q You're saying it's a risk of the surgical procedure,
3 but just because it's a risk doesn't mean if the
4 procedure is performed improperly, that's it's
5 within the standard of care, is it?

6 MS. LOESEL: Objection.

7 Tom, are you asking him a hypothetical
8 question here?

9 MR. HENRETTA: No. I'm asking him if the
10 procedure is performed incorrectly.

11 MS. LOESEL: I'm going to object to the
12 question because that is not the facts of this
13 case.

14 If the Doctor wishes to answer, go ahead.
15 I think he already answered.

16 MR. HENRETTA: He can answer it. He knows
17 what I'm saying.

18 By Mr. Henretta:

19 Q Do you need your Lawyer to explain my words or can
20 you answer that question?

21 MS. LOESEL: I am not his Lawyer.

22 But go ahead, Doctor.

23 A I see no evidence in this case that this procedure
24 was performed incorrectly.

25 By Mr. Henretta:

1 Q I'm asking you hypothetically if it had been
2 performed incorrectly, if there had been too much
3 pressure exerted on the trocar and the organs
4 outside the abdominal wall are injured, if that's
5 within the standard of care or outside the standard
6 of care.

7 Can you answer that?

8 MS. LOESEL: Objection.

9 By Mr. Henretta:

10 Q Can you?

11 A As a hypothetical, that could be less than the
12 standard of care.

13 Q In the last five years, Doctor, have you performed
14 laparoscopic procedures?

15 A How many?

16 Q Yes, how many?

17 A Could be hundreds.

18 Q You know, what types?

19 A Tubal ligations commonly.

20 Q Mostly tubals?

21 A Tubals and laparoscopic surgery, diagnostic
22 laparoscopy.

23 Q Okay. Do you use a trocar?

24 A Yes, sir.

25 Q What type do you use?

1 A It depends on what procedure. It can be disposable,
2 non-disposable.

3 Q You use both kinds?

4 A Yes, sir.

5 Q Are you aware of the type that Dr. Cain used in his
6 procedure?

7 You might want to look through the notes.

8 A One second.

9 Q Hello?

10 A Yes.

11 Q I wanted to make sure we're still all right.

12 A I'm looking at charts.

13 Q Oh, okay.

14 Anything yet?

15 A Excuse me. On Page 44 from his deposition.

16 Q Okay.

17 A "And you used a disposable trocar," was the
18 question, Line 11. Answer, Line 12, "Correct."

19 Q Are you aware that that was a 12-millimeter trocar?

20 A Yes, sir.

21 Q Is that standard, Doctor, or how can you -- what can
22 you tell us about a 12-millimeter -- selection of a
23 12-millimeter trocar?

24 A It's usually based on what kind of scope you have
25 and are going to put through it. A 12-millimeter is

1 a standard trocar.

2 Q All right. What do you know about the anatomy of
3 Sandra Shonk in terms of, I don't know, her gross
4 anatomy or any abnormalities?

5 A No abnormalities have been testified to.

6 Q Do you know whether or not Dr. Cain's trocar had a
7 shield on it?

8 A One second.

9 No, sir.

10 Q Okay. Is there another name for the shield, Doctor?

11 Is there a technical name for it?

12 A The trocars I am familiar with, that seem to be
13 commonly used, all have a device that covers the
14 sharp tip after it has penetrated the peritoneal
15 cavity.

16 Q What's the purpose or function of that?

17 A To try to minimize the chances of injury.

18 Q How does it minimize the chances of injury when it's
19 pressed?

20 A By covering the sharp end of the trocar.

21 Q How do you know that the one Dr. Cain used did not
22 have it?

23 A I don't know one way or the other.

24 Q Okay. Was there a brand name that you're aware of?

25 A Not that I recall.

1 Q Oh, the trocar Dr. Shonk used did not have a shield?

2 MS. LOESEL: You mean Dr. Cain, Tom?

3 MR. HENRETTA: What did I say, Dr. Trocar?

4 MS. LOESEL: "Dr. Shonk," you said.

5 MR. HENRETTA: Thank you, Counsel.

6 By Mr. Henretta:

7 Q Do you understand my question?

8 A No, sir.

9 Could you please repeat it?

10 Q My question is, from what you just reviewed, the
11 trocar Dr. Cain used did not have a shield on it?

12 A I did not see that.

13 Q What did you say?

14 Explain that for me. I thought you did.

15 A I said I don't know.

16 Q Okay. All right. I want to talk to you a little
17 bit about the standard of care.

18 Oh, one question, when were you asked to give
19 an opinion on informed consent?

20 A Well, recently.

21 Q All right. You mean like last week, this morning?

22 A Well, within the last couple of weeks when these
23 depositions became available and questions were
24 raised about the consent.

25 Q And what did you get, a call from Counsel or did you

1 just conclude that, yourself?

2 MS. LOESEL: Objection.

3 By Mr. Henretta:

4 Q How did you do it?

5 She doesn't represent you.

6 A I read Cooperman's deposition and concluded, myself,
7 that he's not correct.

8 Q Okay. So what you're saying, then, is that Defense
9 Counsel who hired you to give opinions never called
10 you and said, "By the way, I'd like you to give an
11 opinion on informed consent"?

12 Is that your testimony?

13 MS. LOESEL: Objection.

14 A My testimony is I read his deposition and thought he
15 was incorrect.

16 By Mr. Henretta:

17 Q Okay. So what you're saying is that Defense Counsel
18 who hired you to give opinions in this case never
19 called you, never visited you, never wrote you and
20 said, "By the way, now that we have this deposition,
21 I'd like you to give an opinion on informed
22 consent"?

23 That's what you're telling us and you're going
24 to tell the Jury, that you just concluded this,
25 yourself, right?

1 I don't care if she called you. Just tell me
2 the truth.

3 A No. I called her and said, "Cooperman is wrong."

4 Q Okay. All right. Thank you, Doctor.

5 You stated in your report, Exhibit -- I guess
6 it's "2," that even if the trocar remains perfectly
7 on the mid-line, injuries to the bowel, bladder and
8 vascular structures -- I'm sorry, I withdraw that.
9 Another doctor said that.

10 Is the penetration of the trocar of the
11 retroperitoneal an acceptable risk of this surgery?

12 A It can be.

13 Q Even when there's proper insufflation?

14 A It can be.

15 Q Tell me how it can be.

16 A It's well described in --

17 Q Well, I know. I want you to tell me. I don't have
18 all that literature in front of me. Tell me what
19 you mean by, "It's well described."

20 A Well, in actually hundreds of described cases, the
21 retroperitoneum has been penetrated during a
22 laparoscopic procedure.

23 Q Okay. All right. And it's not as a result of any
24 improper insertion of the trocar, you mean it just
25 happens?

1 A Apparently.

2 Q Now, you talked in your report -- let me find it.

3 You say, "Injury to abdominal organs and structures
4 is a well described complication of laparoscopic
5 procedures and not as a result of standard of care."

6 A That's correct.

7 Q What are the abdominal organs you are referring to?

8 A Well, everything that's in the abdominal cavity.

9 Q What would those organs be?

10 A The bowel, the liver, the spleen, the bladder.

11 Q All right. So are you saying that transversing the
12 right iliac artery and piercing the underlying vein
13 is also an acceptable risk of this procedure?

14 A Yes, sir.

15 Q Where she was damaged, where Sandra Shonk suffered
16 her insult, those organs are not within the
17 abdominal -- they're not considered abdominal
18 organs, are they?

19 A Well, in my own way, I do.

20 Q How would that be?

21 You just told me what the organs are. Now all
22 of a sudden there are other organs outside.

23 Why would they in your own way be?

24 A Well, they're certainly in the abdomen. They are
25 retroperitoneal. That's certainly true.

1 Q Yeah, they're in the body.

2 But aren't they outside the abdominal wall?

3 A They're certainly outside the abdominal wall.

4 Q So you're telling me, then, again, that the -- you
5 say it can be an acceptable risk to have injury to
6 the right iliac artery and an underlying vein --

7 A Yes, sir.

8 Q -- as a result of the trocar?

9 Only from the insertion of the trocar?

10 A That's correct.

11 Q Because that's the only instrument we've got.

12 In this case wasn't there pneumoperitoneum?

13 A I'm sorry, I didn't hear the question.

14 Q Let me look at it, myself.

15 Wasn't there a pneumoperitoneum in this case
16 that must have created a separation of at least
17 several centimeters between the wall and --

18 A A pneumoperitoneum was established, yes, sir.

19 Q That's sort of a -- that comes from the
20 insufflation, sort of blows out the air and gives
21 you room to work?

22 A That's the procedure, yes, sir.

23 Q All right. Isn't it true that in this case when
24 Dr. Cain performed his insertion of the trocar, that
25 the trocar went through this area, which is the safe

1 area for insertion, it went into that area that was
2 insufflated, correct?

3 A I'm sorry, I don't understand your use of the term
4 "area" here.

5 Q Where did the trocar go after insertion?

6 A Into the abdominal cavity.

7 Q Is the abdominal cavity, as a result of
8 insufflation, a safe area for its insertion or not?

9 A Yes, sir.

10 Q And it's blown up, right?

11 A It is distended, yes, sir.

12 Q Then isn't it true that after going through that
13 area and piercing the illium completely from one
14 side through the other, that the trocar continued
15 downward and then pierced the retroperitoneal or
16 membrane lying on the back side of the abdominal
17 wall?

18 A Yes, sir.

19 Q In other words, it went through it?

20 A Yes, sir.

21 Q In and out, right?

22 A I don't know if I would use the term "out."

23 Q And through it.

24 A Yes, sir.

25 Q Then when it went through it, it pierced organs that

1 are outside the abdominal wall, or vessels or veins?

2 A The abdominal wall I usually consider the anterior
3 structures.

4 Q Okay. Did it go through and pierce organs outside
5 the abdominal wall -- the abdominal cavity?

6 Excuse me.

7 A If you want to characterize the cavity in such a
8 way, that's correct.

9 Q And did the trocar pierce the right iliac artery,
10 based on your reading of the records?

11 A Yes, sir.

12 Q And then after it pierced the right iliac artery, it
13 went through a portion of the underlying right iliac
14 vein?

15 A Yes, sir.

16 Q Do you know, Doctor, how far it is in this case from
17 the abdominal wall, at the point of the insertion of
18 the trocar, to the right iliac vein on a person like
19 Sandra, weighing 160, 175 pounds?

20 A No, sir.

21 Q Would there be a way to determine that?

22 A I don't think with any great accuracy.

23 Q Is there any average?

24 A Not that I'm aware of.

25 Q So there's no place we can look to make that

1 determination?

2 A Not that I'm aware of.

3 Q Let's talk about the amount of force that it takes
4 to push the trocar all the way through what I call
5 the safe area, which is the area that's been
6 insufflated so the doctor can work, through the
7 small intestine, through the retroperitoneal wall,
8 the right iliac artery and through the right iliac
9 vein.

10 Do you think that pressure on the insertion
11 has anything to do with this case?

12 A No, sir.

13 Q Why?

14 A Dr. Cain described a normal insertion procedure with
15 normal amounts of force.

16 Q Well, yeah, the guy has been sued for malpractice
17 and he says, "I didn't do anything wrong. I did it
18 moderately."

19 MS. LOESEL: Objection. Move to strike.

20 By Mr. Henretta:

21 Q Well, at least as far as his testimony. Of course
22 he said that.

23 Doesn't pressure have something to do with it?

24 A In general, no.

25 Q If somebody exerts too much pressure or more than a

1 moderate amount of pressure, aren't we going to end
2 up with an injury like this?

3 A One could.

4 Q Okay. And how do we know that Dr. Cain exerted
5 appropriate pressure?

6 How do we know that?

7 A I missed the word.

8 What kind of pressure?

9 Q Appropriate.

10 How do we know that?

11 A In fact, most described laparoscopic injuries did
12 not involve excess forces.

13 Q Well, what do you mean?

14 Explain that.

15 A In looking at the literature, most of the time
16 forces were normal.

17 Q What about the angle of the trocar insertion,
18 doesn't that have anything to do with it?

19 A It has been described as playing a role.

20 Q And how do we know that his was done properly?

21 A Just from his description.

22 Q Okay. Other than his description, other than his "I
23 didn't do anything wrong" description, how else
24 would we know?

25 A We can't.

1 Q What we do know, though, is that there was major
2 vessel damage outside the abdominal wall, and it's
3 not supposed to happen in this procedure, right?

4 That, we know.

5 A Sir, I'm sorry, that's not a correct
6 characterization of the abdominal wall.

7 Q Okay. Explain it to me, then.

8 A The abdominal wall is an anterior structure, at
9 least to my thinking.

10 Q Okay.

11 A Outside of her peritoneal cavity.

12 Q I understand the abdominal wall.

13 What about the membrane in the back?

14 A That would be outside the peritoneal cavity.

15 Q All right. And that's where this injury occurred;
16 is that right?

17 A Yes, sir.

18 Q We know that occurred, and we know she was injured,
19 but what we don't know is -- other than what the
20 doctor tells us, we don't know the amount of force
21 or the precise angle he used to insert the trocar?

22 A That's correct.

23 Q All right. So you're telling us again that this
24 incident -- it was an accident, I know it was not
25 intentional, obviously -- is unavoidable?

1 A That appears to be the case.

2 Q That appears to be the case.

3 Is it the case?

4 I mean, wouldn't you base -- why is it
5 unavoidable?

6 A Well, we know it was not intentional.

7 Q You just believe that it's unavoidable because it's
8 an accepted risk?

9 A Yes, sir.

10 Q Let's all take about a three-minute break. I'll be
11 right back.

12 (Recess taken.)

13 - - -

14 By Mr. Henretta:

15 Q I guess I just want to -- if you can -- we may have
16 gone over this because we're winding down.

17 The opinions that you're going to give in this
18 case, let me see if I could, in a general way,
19 Doctor, summarize them.

20 One, you're going to give an opinion on
21 standard of care in that the procedure performed by
22 Dr. Cain was within the standard of care, in other
23 words, his method, I suppose, and that he did
24 nothing wrong, and that the injury was unavoidable.
25 Secondly, that there is a proper informed consent.

1 That's what your basis -- I mean, that's the
2 basic opinions you're going to offer in this case?

3 A Yes, sir. But I might offer other opinions in
4 response to questions asked by you or other people
5 in the, you know, trial.

6 Q Oh, I understand that.

7 Are there any other major areas of opinions
8 that you're going to give, other than those two that
9 I gave?

10 And I understand what you're saying, of
11 course.

12 A Well, once the complication was recognized, then I
13 think it was treated excellently.

14 Q There's no question there.

15 I mean, there may be one area, but clearly
16 Dr. -- you mean as far as involving a Vascular
17 Surgeon?

18 A Yes. Dr. Cain stopped the procedure, performed a
19 laparotomy, sought assistance. He performed
20 excellently.

21 Q He did take some time, though, with the insertion of
22 a camera, didn't he, after the presence of blood?

23 I thought I read that in his deposition. He
24 looked at the camera -- he saw blood and, then he
25 spent some time looking at the camera.

1 Do you recall that in his testimony?

2 A Yes, sir.

3 Q Now, do you find anything particularly remarkable
4 about that?

5 A No, sir.

6 Q Let me just look at one more thing here.

7 (Discussion had off record.)

8 By Mr. Henretta:

9 Q Dr. Cain talked about this.

10 Dr. Duchon, the insertion of the trocar,
11 beginning a laparoscopic procedure, in a general
12 sense, is not peculiar to tubal ligations, is it?

13 A We're talking about laparoscopy in general?

14 Q I mean, the insertion of a trocar at the umbilicus
15 is not peculiar or unique to a tubal ligation
16 procedure?

17 A That's correct.

18 Q There are a lot of laparoscopic procedures where the
19 physician begins by inserting the trocar in the
20 umbilicus?

21 A Yes.

22 MR. HENRETTA: All right. Doctor, thank
23 you so much for your time today.

24 That's all I have, Counsel.

25 MS. LOESEL: Okay. Dr. Duchon, you have

1 the right to read the deposition transcript
2 and review it.

3 We have trial coming up on the 20th --

4 THE WITNESS: Yes.

5 MS. LOESEL: -- so it would have to be
6 pretty quick.

7 THE WITNESS: I'll read.

8 - - -

9 (Deposition concluded at 10:45 o'clock, a.m.)

10 - - -

11 (Plaintiffs' Exhibits 2 through 5
12 were marked for identification.)

13 - - -

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C E R T I F I C A T E

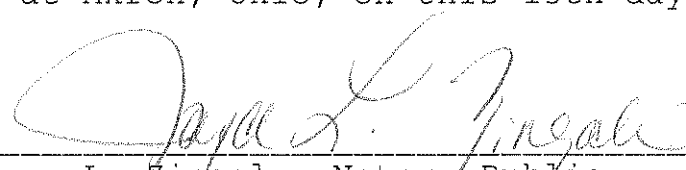
STATE OF OHIO,)
) SS:
SUMMIT COUNTY.)

I, Joyce L. Zingale, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within named Witness, **METHOD A. DUCHON, M.D.**, was by me first duly sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by the Witness was by me reduced to Stenotypy in the presence of the Witness; afterwards transcribed by computer-aided transcription, and that the foregoing is a true and correct transcription of the testimony so given by the Witness as aforesaid.

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

I do further certify that I am not a relative, Counsel or Attorney of either party, or otherwise interested in the event of this action.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Akron, Ohio, on this 15th day of October, 2003.



Joyce L. Zingale, Notary Public
in and for the State of Ohio.

My commission expires November 20, 2005.

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Degrees

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1974 M.D., Loyola-Stritch School of Medicine, Maywood, Illinois.
1975 M.S., Physiology, Loyola University, Chicago, Illinois.

Postgraduate Education

1971 - 1974 Fellowship, Department of Physiology, Loyola University, Chicago, Illinois
1975 - 1978 Residency in Obstetrics and Gynecology, Case Western Reserve University School of Medicine (University Hospitals and Cleveland Metropolitan General Hospital combined program), Cleveland, Ohio
1978 - 1979 Executive Chief Resident in Obstetrics and Gynecology, Case Western Reserve University School of Medicine, Cleveland, Ohio
1978 - 1979 Teaching Fellow in Obstetrics and Gynecology, Department of Reproductive Biology, Case Western Reserve University School of Medicine, Cleveland, Ohio
1979 - 1981 Fellowship in Maternal-Fetal Medicine, Department of Reproductive Biology, Case Western Reserve University, University Hospitals, Cleveland, Ohio

PLAINTIFF'S
EXHIBIT

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Academic Appointments

- 1979 - 1984 Assistant Professor, Department of Reproductive Biology, Case Western Reserve University, University Hospitals, Cleveland, Ohio
- 1984 - 1989 Assistant Clinical Professor, Department of Reproductive Biology, Case Western Reserve University, Saint Luke's Hospital, Cleveland, Ohio
- 1989 - 1991 Associate Clinical Professor, Department of Reproductive Biology, Case Western Reserve University, Saint Luke's Hospital, Cleveland, Ohio
- 1991 - 1996 Associate Professor, Department of Reproductive Biology, Case Western Reserve University, University Hospitals, Cleveland, Ohio
- 1996 - 1998 Associate Clinical Professor, Department of Reproductive Biology, Case Western Reserve University,

Hospital Appointments

- 1979 - 1998 Attending Physician University Hospitals of Cleveland
- 1981 - 1984 Coordinator - Department of Obstetrics and Gynecology Staff Conferences and Grand Rounds-CME Approved through CWRU
- 1982 - 1984 Medical Director OB/GYN Clinics, University Hospitals of Cleveland, Cleveland, Ohio
- 1984 - 1991 Director of Maternal - Fetal Medicine, Saint Luke's Hospital Cleveland, Ohio
- 1991 - 1995 Director of Maternal - Fetal Medicine Fellowship Program University Hospitals of Cleveland, Cleveland, Ohio
- 1996 - Pres Attending Physician Lake Hospital System
- 2000 - Chairman Department of Ob/Gyn, Lake Hospital System

Departmental Committees: Lake Hospital System

- 1998 - 2000 Department of Ob/Gyn Quality Assurance Committee
- 1998 - 2000 Maternal Child Care Committee
- 2000 - Medical Executive Committee

Departmental Committees: University Hospitals

- 1979 - 1983 Secretary - Reproductive Biology Faculty Meetings
- 1979 - 1984 Member - Laboratory Liaison Committee
- 1981 - 1984 Chairman - OB/GYN/Pediatric Coordinating Committee
- 1979 - 1984 Department Instructor for CPR, Certified by AHA
- 1995 - 1996 Coordinator OB/PEDS conference, CME approved
- 1991 - 1996 Faculty Advisor Resident Research Committee
- 1993 - 1996 Faculty consultant to Nurse Midwifery practice

Hospital Committees: Saint Luke's Hospital

- 1985 - 1991 Department OB/GYN Quality Assurance Committee
- 1985 - 1988 Saint Luke's Hospital Transfusion Committee
- 1985 - 1991 Saint Luke's Hospital Operating Room Committee
- 1985 - 1991 Department OB/GYN Obstetrical Suite Committee
- 1986 - 1991 Chairman, Saint Luke's Hospital Peer Review Committee

Community Activities

- 1983 - 1986 Affiliate Medical Committee, Planned Parenthood of Greater Cleveland
- 1982 - 1990 Medical Advisory Board of C.E.A.C. of Cleveland
- 1984 - 1987 Medical Advisory Board of T.L.C. (Teachings in Lamaze Childbirth) Cleveland, Ohio
- 1986 - 1987 Executive Committee, Cleveland Society of Obstetricians and Gynecologists, Cleveland, Ohio
- 1989 - 1992 Board of Directors, Northeast Ohio March of Dimes

Certifications

- 1976 National Board of Medical Examiners
- 1983 American Board of Obstetrics and Gynecology
- 1987 American Board of Obstetrics and Gynecology, Special Certification in Maternal-Fetal Medicine
- 1996 American Board of Obstetrics and Gynecology, Recertification in Obstetrics and Gynecology and Maternal-Fetal Medicine

Societies

American College of Obstetricians and Gynecologists
Society of Maternal Fetal Medicine
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Licensure

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Awards

1987, 1991 Saint Luke's Hospital, Teacher of the Year Department of
Obstetrics and Gynecology
1990, 1996 University Hospitals, Hendricks teaching award

Teaching Activities

1979 - 1996 Case Western Reserve University School of Medicine,
Reproductive Biology Small Groups
1979 - 1996 Core Clerkships Lectures at University Hospitals and
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1992 - 1996 Medical Director Obstetrical Family Clinic,
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Bibliography

Refereed Articles

Duchon MA, Adrenal influence on puberty onset in the rat. (Masters Thesis) Loyola University, 1976: Data summarized in Hafez and Paluso (eds.) Sexual Maturity, Ann Arbor Press, 1976, Chapter 5, pp. 87-101.

Pollack MS, Levine LS, Pang S, Owens RP, Nitowsky HM, Daurer D, New MT, Duchon MA, et al, Prenatal Diagnosis of congenital adrenal hyperplasia (21-Hydroxylase deficiency) by HLA typing. Lancet May, 1979, 1107-1108.

Merkatz IR, Duchon MA, et al, A pilot community-based screening program for gestational diabetes. Diabetes Care 1980 3:453-457.

Pang S, Levine LS, Cederqvist II, Fuentes M, Riccardi VM, Holcombe JH, Nitowsky HM, Sachs G, Anderson CE, Duchon MA, Owens RP, Merkatz IR, New MI, Amniotic fluid concentrations of delta 5 and delta 4 steroids in fetuses with congenital adrenal hyperplasia due to 21 Hydroxylase deficiency and in anencephalic fetuses. J Clin Endocrin Metab 1980 Aug 51(2):223-229.

Hopkins MP, Duchon MA, Adnexal surgery in pregnancy, J Repro Med, 31:1035-1037, 1986.

Duchon MA, DeMund MA, Brown RH, Laboratory comparison of modern vacuum extractors Obstet Gynecol 71:155-158, 1988.

Duchon MA, DeMund MA, Brown RH, Letters to the Editor, Obstet Gynecol 72:283-284, 1988.

Muise KL, Duchon MA, Brown RH, Effect of angular traction on the performance of modern vacuum extractors Am J Obstet Gynecol 167:1125-1129, 1992.

Muise KL, Duchon MA, Brown RH, The effect of artificial caput on performance of vacuum extractors Obstet Gynecol 81:170-173, 1993.

Muise KL, Duchon MA, Letters to the Editor, Am J Obstet Gynecol 169:748-749, 1993.

Duchon MA, Muise KL, Pregnancy after age 35, The Female Patient, 18:69-72, 1993.

Duchon MA, Muise KL, Pregnancy after age 35, Physician Assistant, 17:27-36, 1993.

Wiper DW, Duchon MA, Muise KL, Vacuum sources in obstetrics, J Repro Med 41(6):442-446, 1996.

Loret de Mola J R, Muise KL, Duchon MA. Porphyrria cutanea tarda and pregnancy Ob & Gyn Surv 51:493-497, 1996.

Austin C, Stewart S, Gindelsperger V, Sheean L, Goldfarb J, Duchon MA, Limiting multiple pregnancy in in-vitro fertilization/embryo transfer (IVF-ET) cycles, Journ Assist Repro Genet 13(7):540-5, 1996

Loret de Mola JR, Judge N, Entsminger C, DeViney M, Muise KL, Duchon MA, Indirect prediction of fetal lung maturity: value of ultrasonographic colonic and placental grading, J Repro Med 43(10): 898-902, 1998.

Abstracts

Muise KL, Duchon MA, Brown RH, Effect of angular traction on the performance of modern vacuum extractors, Presented Society of Perinatal Obstetricians, Orlando, Florida, 1992.

Loret de Mola JR, Judge NE, Entsminger C, Deviney M, Muise KL, Duchon MA, Ultrasonographic prediction of fetal lung maturity, Presented Society of Perinatal Obstetricians, San Francisco, CA, 1993.

Duchon MA, Muise KL, Birthweight in Cleveland thirty years later, Presented ACOG annual meeting, Orlando, Florida, 1994.

Book Chapters

Duchon MA, Merkatz IR, Diabetic ketoacidosis in pregnancy. In Rathi M, and Kumar S, (eds): Perinatal Medicine, 2nd Edition, Washington Hemisphere Publishing Corporation, 1982, pp. 187-194.

Duchon MA, Gyves MT, Merkatz IR, Diabetes in pregnancy, In Fanaroff AA, and Martin RJ, (eds): Behrman's Neonatal-Perinatal Medicine: diseases of the fetus and infant. 3rd Edition, St. Louis; C.V. Mosby company, 1983, pp. 22-26.

Duchon MA, Little AB, Hypertension in pregnancy. In Conns Current Therapy, Philadelphia, W. B. Saunders, Co. 1984, pp. 819-821.

Duchon MA, Little AB, Hypertension in pregnancy. In Conns Current Therapy, Philadelphia, W. B. Saunders, Co. 1985, pp. 813-815.

Duchon MA, Merkatz IR, Pregnancy after renal transplantation. In Langer A and Iffy L, (eds.) Perinatology Case Studies, 2nd Edition, Garden City, NJ Medical Examination Publishing Company, 1985, pp. 349-355.

Duchon MA, Gyves MT, Merkatz IR, Diabetes in pregnancy, In Fanaroff AA, and Martin RJ, (eds): Behrman's Neonatal-Perinatal Medicine: diseases of the fetus and infant. 4th Edition, St. Louis; C.V. Mosby company, 1987, pp. 39-43.

Duchon MA, Dennen PC, Operative Vaginal Delivery, ACOG Interaction Series, (computer aided instruction), 4:2, 1991.

Duchon MA, Butler M, eds. 1991 Annual Report, University MacDonald Womens Hospital, University Hospitals of Cleveland.

Duchon MA, Butler M, eds. 1992 Annual Report, University MacDonald Womens Hospital, University Hospitals of Cleveland.

Duchon MA, Butler M, eds. 1993 Annual Report, University MacDonald Womens Hospital, University Hospitals of Cleveland.

Duchon MA, Davis D, eds. 1994 Annual Report, University MacDonald Womens Hospital, University Hospitals of Cleveland.

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Sandra J. Shonk et al, v. Doctors Hospital of Stark County, et al.
Case #: 2001CV01895

Dear Ms. Harris:

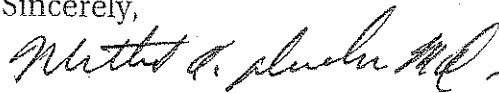
I have had the opportunity to review the records you have sent me in the case of Shonk et al. v. Doctors Hospital of Stark County et al. This has consisted of the hospital records of Sandra Shonk 7/28/2000 thru 8/2/2000 and an operative note of 3/19/2001 by Dr. Conklin.

Sandra Shonk was admitted to Doctor's Hospital on July 28, 2000 for a tubal ligation by Daniel J. Cain DO. After insertion of the laparoscopic trocar, bleeding was suspected and an immediate search confirmed the presence of a vascular injury. Surgical consultation was sought and resulted in further surgery with repair of vascular structures and the intestine. Tubal ligation was also performed.

Injury to abdominal organs and structures is a well described complication of laparoscopic procedures and not as a result of standard of care. This was recognized by Dr. Cain and he correctly and judiciously converted the procedure and sought surgical consultation. Dr. Cain clearly complied with appropriate standards of care in his recognition of these events and the subsequent treatment of Mrs. Shonk.

If I can be of any further assistance in this matter please do not hesitate to call upon me.

Sincerely,



Method A. Duchon MD

PLAINTIFF'S
EXHIBIT

#2 10-14-03
Dr. Duchon

Curriculum Vitae

Name Method A. Duchon, M.D.
Date and Place of Birth January 26, 1949, Jacksonville, Florida
Social Security Number 318-42-8245
Marital Status Married, Roberta; two children, Gwen and Scott
Address 2806 Belgrave Road
Pepper Pike, Ohio 44124-4604
Phone (216) 831-7050
Email mduchon@aol.com

Degrees

- 1971 B.S., Physiology, University of Illinois, Urbana, Illinois.
1974 M.D., Loyola-Stritch School of Medicine, Maywood, Illinois.
1975 M.S., Physiology, Loyola University, Chicago, Illinois.

Postgraduate Education

- 1971 - 1974 Fellowship, Department of Physiology, Loyola University, Chicago, Illinois
1975 - 1978 Residency in Obstetrics and Gynecology, Case Western Reserve University School of Medicine (University Hospitals and Cleveland Metropolitan General Hospital combined program), Cleveland, Ohio
1978 - 1979 Executive Chief Resident in Obstetrics and Gynecology, Case Western Reserve University School of Medicine, Cleveland, Ohio
1978 - 1979 Teaching Fellow in Obstetrics and Gynecology, Department of Reproductive Biology, Case Western Reserve University School of Medicine, Cleveland, Ohio
1979 - 1981 Fellowship in Maternal-Fetal Medicine, Department of Reproductive Biology, Case Western Reserve University, University Hospitals, Cleveland, Ohio

Academic Appointments

- 1979 - 1984 Assistant Professor, Department of Reproductive Biology, Case Western Reserve University, University Hospitals, Cleveland, Ohio
- 1984 - 1989 Assistant Clinical Professor, Department of Reproductive Biology, Case Western Reserve University, Saint Luke's Hospital, Cleveland, Ohio
- 1989 - 1991 Associate Clinical Professor, Department of Reproductive Biology, Case Western Reserve University, Saint Luke's Hospital, Cleveland, Ohio
- 1991 - 1996 Associate Professor, Department of Reproductive Biology, Case Western Reserve University, University Hospitals, Cleveland, Ohio
-
- 1996 - 1998 Associate Clinical Professor, Department of Reproductive Biology, Case Western Reserve University,

Hospital Appointments

- 1979 - 1998 Attending Physician University Hospitals of Cleveland
- 1981 - 1984 Coordinator - Department of Obstetrics and Gynecology Staff Conferences and Grand Rounds-CME Approved through CWRU
- 1982 - 1984 Medical Director OB/GYN Clinics, University Hospitals of Cleveland, Cleveland, Ohio
- 1984 - 1991 Director of Maternal - Fetal Medicine, Saint Luke's Hospital Cleveland, Ohio
- 1991 - 1995 Director of Maternal - Fetal Medicine Fellowship Program University Hospitals of Cleveland, Cleveland, Ohio
-

1996 - Pres Attending Physician Lake Hospital System

2000 - Chairman Department of Ob/Gyn, Lake Hospital System

Departmental Committees: Lake Hospital System

1998 - 2000 Department of Ob/Gyn Quality Assurance Committee

1998 - 2000 Maternal Child Care Committee

Departmental Committees: University Hospitals

- 1979 - 1983 Secretary - Reproductive Biology Faculty Meetings
 - 1979 - 1984 Member - Laboratory Liaison Committee
 - 1981 - 1984 Chairman - OB/GYN/Pediatric Coordinating Committee
 - 1979 - 1984 Department Instructor for CPR, Certified by AHA
 - 1995 - 1996 Coordinator OB/PEDS conference, CME approved
 - 1991 - 1996 Faculty Advisor Resident Research Committee
 - 1993 - 1996 Faculty consultant to Nurse Midwifery practice
-

Hospital Committees: Saint Luke's Hospital

- 1985 - 1991 Department OB/GYN Quality Assurance Committee
- 1985 - 1988 Saint Luke's Hospital Transfusion Committee
- 1985 - 1991 Saint Luke's Hospital Operating Room Committee
- 1985 - 1991 Department OB/GYN Obstetrical Suite Committee
- 1986 - 1991 Chairman, Saint Luke's Hospital Peer Review Committee

Community Activities

- 1983 - 1986 Affiliate Medical Committee, Planned Parenthood of Greater Cleveland
 - 1982 - 1990 Medical Advisory Board of C.E.A.C. of Cleveland
-
- 1984 - 1987 Medical Advisory Board of T.L.C. (Teachings in Lamaze Childbirth) Cleveland, Ohio
 - 1986 - 1987 Executive Committee, Cleveland Society of Obstetricians and Gynecologists, Cleveland, Ohio
 - 1989 - 1992 Board of Directors, Northeast Ohio March of Dimes

Certifications

- 1976 National Board of Medical Examiners
- 1983 American Board of Obstetrics and Gynecology
- 1987 American Board of Obstetrics and Gynecology, Special
Certification in Maternal-Fetal Medicine
- 1996 American Board of Obstetrics and Gynecology, Recertification
in Obstetrics and Gynecology and Maternal-Fetal Medicine

Societies

American College of Obstetricians and Gynecologists
Society of Maternal Fetal Medicine
Cleveland Society of Obstetricians and Gynecologists
Ohio Perinatal Association

Licensure

Ohio -- #39493

DEA Certification

Awards

- 1987, 1991 Saint Luke's Hospital, Teacher of the Year Department of
Obstetrics and Gynecology
- 1990, 1996 University Hospitals, Hendricks teaching award

Teaching Activities

- 1979 - 1996 Case Western Reserve University School of Medicine,
Reproductive Biology Small Groups
- 1979 - 1996 Core Clerkships Lectures at University Hospitals and
Saint Luke's Hospital
- 1992 - 1996 Medical Director Obstetrical Family Clinic,
Case Western Reserve University School of Medicine

Reviewer

Journal of Perinatology
Obstetrics and Gynecology

Bibliography

Refereed Articles

Duchon MA, Adrenal influence on puberty onset in the rat. (Masters Thesis) Loyola University, 1976: Data summarized in Hafez and Paluso (eds.) Sexual Maturity, Ann Arbor Press, 1976, Chapter 5, pp. 87-101.

Pollack MS, Levine LS, Pang S, Owens RP, Nitowsky HM, Daurer D, New MT, Duchon MA, et al, Prenatal Diagnosis of congenital adrenal hyperplasia (21-Hydroxylase deficiency) by HLA typing. Lancet May, 1979, 1107-1108.

Merkatz IR, Duchon MA, et al, A pilot community-based screening program for gestational diabetes. Diabetes Care 1980 3:453-457.

Pang S, Levine LS, Cederqvist II, Fuentes M, Riccardi VM, Holcombe JH, Nitowsky HM, Sachs G, Anderson CE, Duchon MA, Owens RP, Merkatz IR, New MI, Amniotic fluid concentrations of delta 5 and delta 4 steroids in fetuses with congenital adrenal hyperplasia due to 21 Hydroxylase deficiency and in anencephalic fetuses. J Clin Endocrin Metab 1980 Aug 51(2):223-229.

Hopkins MP, Duchon MA, Adnexal surgery in pregnancy, J Repro Med, 31:1035-1037, 1986.

Duchon MA, DeMund MA, Brown RH, Laboratory comparison of modern vacuum extractors Obstet Gynecol 71:155-158, 1988.

Duchon MA, DeMund MA, Brown RH, Letters to the Editor, Obstet Gynecol 72:283-284, 1988.

Muise KL, Duchon MA, Brown RH, Effect of angular traction on the performance of modern vacuum extractors Am J Obstet Gynecol 167:1125-1129, 1992.

Muise KL, Duchon MA, Brown RH, The effect of artificial caput on performance of vacuum extractors Obstet Gynecol 81:170-173, 1993.

Muise KL, Duchon MA, Letters to the Editor, Am J Obstet Gynecol 169:748-749, 1993.

Duchon MA, Muise KL, Pregnancy after age 35, The Female Patient, 18:69-72, 1993.

Duchon MA, Muise KL, Pregnancy after age 35, Physician Assistant, 17:27-36, 1993.

Wiper DW, Duchon MA, Muise KL, Vacuum sources in obstetrics, J Repro Med 41(6):442-446, 1996.

Loret de Mola J R, Muise KL, Duchon MA. Porphyria cutanea tarda and pregnancy Ob & Gyn Surv 51:493-497, 1996.

Austin C, Stewart S, Gindelsperger V, Sheean L, Goldfarb J, Duchon MA, Limiting multiple pregnancy in in-vitro fertilization/embryo transfer (IVF-ET) cycles, Journ Assist Repro Genet 13(7):540-5, 1996

Loret de Mola JR, Judge N, Entsminger C, DeViney M, Muise KL, Duchon MA, Indirect prediction of fetal lung maturity: value of ultrasonographic colonic and placental grading, J Repro Med 43(10): 898-902, 1998.

Abstracts

Muise KL, Duchon MA, Brown RH, Effect of angular traction on the performance of modern vacuum extractors, Presented Society of Perinatal Obstetricians, Orlando, Florida, 1992.

Loret de Mola JR, Judge NE, Entsminger C, Deviney M, Muise KL, Duchon MA, Ultrasonographic prediction of fetal lung maturity, Presented Society of Perinatal Obstetricians, San Francisco, CA, 1993.

Duchon MA, Muise KL, Birthweight in Cleveland thirty years later, Presented ACOG annual meeting, Orlando, Florida, 1994.

Book Chapters

Duchon MA, Merkatz IR, Diabetic ketoacidosis in pregnancy. In Rath M, and Kumar S, (eds): Perinatal Medicine, 2nd Edition, Washington Hemisphere Publishing Corporation, 1982, pp. 187-194.

Duchon MA, Gyves MT, Merkatz IR, Diabetes in pregnancy, In Fanaroff AA, and Martin RJ, (eds): Behrman's Neonatal-Perinatal Medicine: diseases of the fetus and infant. 3rd Edition, St. Louis; C.V. Mosby company, 1983, pp. 22-26.

Duchon MA, Little AB, Hypertension in pregnancy. In Conn's Current Therapy, Philadelphia, W. B. Saunders, Co. 1984, pp. 819-821.

Duchon MA, Little AB, Hypertension in pregnancy. In Conns Current Therapy, Philadelphia, W. B. Saunders, Co. 1985, pp. 813-815.

Duchon MA, Merkatz IR, Pregnancy after renal transplantation. In Langer A and Iffy L, (eds.) Perinatology Case Studies, 2nd Edition, Garden City, NJ Medical Examination Publishing Company, 1985, pp. 349-355.

Duchon MA, Gyves MT, Merkatz IR, Diabetes in pregnancy, In Fanaroff AA, and Martin RJ, (eds): Behrman's Neonatal-Perinatal Medicine: diseases of the fetus and infant. 4th Edition, St. Louis; C.V. Mosby company, 1987, pp. 39-43.

Duchon MA, Dennen PC, Operative Vaginal Delivery, ACOG Interaction Series, (computer aided instruction), 4:2, 1991.

Duchon MA, Butler M, eds. 1991 Annual Report, University MacDonald Womens Hospital, University Hospitals of Cleveland.

Duchon MA, Butler M, eds. 1992 Annual Report, University MacDonald Womens Hospital, University Hospitals of Cleveland.

Duchon MA, Butler M, eds. 1993 Annual Report, University MacDonald Womens Hospital, University Hospitals of Cleveland.

Duchon MA, Davis D, eds. 1994 Annual Report, University MacDonald Womens Hospital, University Hospitals of Cleveland.

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS 2000

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from Sandra Shouk (doctor or clinic). When I first asked for

the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a Bilateral tubal occlusion. The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on 9 30 76 Month Day Year

I, Sandra Shouk, hereby consent of my own free will to be sterilized by _____ (doctor)

by a method called Bilateral tubal occlusion. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health, Education, and Welfare or

Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

Sandra Shouk Date: 10 26 00 Signature Month Day Year

You are requested to supply the following information, but it is not required:

Race and ethnicity designation (please check)

- ☐ American Indian or Alaska Native ☐ Black (not of Hispanic origin) ☐ Hispanic ☐ Asian or Pacific Islander ☒ White (not of Hispanic origin)

■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

Interpreter

Date

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before Sandra Shouk signed the consent form, I explained to him/her the nature of the sterilization operation Bilateral tubal occlusion the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

Signature of person obtaining consent

Date

Doctors Hospital Facility

400 Austin NW Massillon Ohio 44646 Address

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon Sandra Shouk on _____

Name of individual to be sterilized

Date of sterilization

7/28/00

operation

sterilization operation tubal ligation

specify type of operation

it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- ☐ Premature delivery
☐ Individual's expected date of delivery:
☐ Emergency abdominal surgery:

(describe circumstances):

PLAINTIFF'S EXHIBIT

Physician

Date

7/28/00

DOCTOR HOSPITAL
OF STARK COUNTY

400 Austin Avenue, N.W., Massillon, OH 44646

MC# 357848
ACCT# 1271428 07/28/2000
SHONK, SANDRA J AMD
AGE 33 YRS MP# 3578480/1976
CAGN, DANIEL J DO
REF DR CLINIC

CONSENT FOR OPERATION/PROCEDURE

My name is Sandra Shonk. I have talked to my doctor about my condition which is requesting voluntary permanent sterilization (symptoms or diagnosis). My doctor and I talked about what might happen if we do not treat my condition. We also talked about some of the different ways to treat it. We talked about the "pros" and "cons" of each of these different ways of treating my condition.

My doctor has recommended the following operation(s)/procedure: laparoscopic tubal ligation

He/She explained this operation/procedure to me and told me what he/she hopes it would do for me. He/She explained that my treatment may change depending on my condition. He/She also told me approximately how long it would take me to recover. My doctor did not guarantee that this operation/procedure would cure me or improve my condition. He/She gave me an opportunity to ask questions about my condition and the different ways to treat it. He/She answered my questions. I am satisfied with his/her answers. Failure rate = 1 in 200 procedures

I know that there is a risk of complications or side effects whenever someone has an operation/procedure. I know my doctor cannot tell me about every possible complication or side effect. We talked about the major risks which could happen if I have the operation/procedure. I know what my doctor meant by them. (Damage to uterus, tubes, ovaries surrounding structures. Eg bowel, bladder, ureters). My doctor gave me an opportunity to ask questions about these risks and any other risks I wanted to know about. He/She answered my questions. I am satisfied with his/her answers.

I permit Dr. Cain with an associate or assistants to operate/perform procedure(s) on me. If any unexpected condition occurs during the operation/procedure which, in my doctor's opinion, needs treatment in addition to or different from that to which I gave consent, I will allow my doctor to do, at that time, whatever he/she believes is in my best interest.

I understand that my operation/procedure may require the giving of an appropriate level of anesthesia by a physician or certified registered nurse anesthetist, with anesthesia privileges at Doctors Hospital of Stark County. I also understand that I may need to receive blood or blood products during the operation/procedure, or as a result of the operation/procedure.

If my doctor removes any tissue or parts, the hospital may do with them what it normally does.

I consent to the taking/publication of photographs/videotape during the operation(s)/procedure for the purpose of documentation and/or for helping with medical education.

I talked with my doctor about my condition.

INITIAL - DO NOT CHECK

Yes X SS No

We discussed different ways to treat my condition, including no treatment, the benefits of the proposed treatment and its possible risks, complications, and side effects. I am willing to accept these risks.

Yes X SS No

I have read this form or had it read to me.

Yes X SS No

I understand what it says.

Yes X SS No

**PLAINTIFF'S
EXHIBIT**

10-14-03

#4 Dr. Duchon

Date 7-24-00 Time 3:05 pm Signature Sandra Shonk
Patient

Witness J. Stetting Signature _____
Individual authorized to sign for patient/Relative or Legal Guardian if unemancipated minor

Relationship _____

Date 7/24/00 Time 3:05 pm Signature D. Cain DO
Physician

REPORT OF OPERATION:

SHONK, SANDRA J

MR# 357848

ACCT# 1271428

PT TYPE I SUBTYPE MED

Date of Admission: 07/28/2000

Date of Discharge:

RM.# 013-1

PLAINTIFF'S
EXHIBIT

#5 10-14-03
Dr. Duchan

Referring Physician:

Date of Surgery: 7/28/00 Time:

Surgeon: Dr. Cain.

2nd Surgeon: Dr. Conklin.

1st Assistant: Dr. Salin, Ext.

2nd Surgeon's Assistant: Dr. Pugh, Res.

PREOPERATIVE DIAGNOSIS: Requesting voluntary permanent sterilization.

POSTOPERATIVE DIAGNOSIS: Iliac vascular injury and small bowel injury.

OPERATION:

1. LAPAROSCOPY.

2. LAPAROTOMY WITH REPAIR OF RIGHT ILIAC ARTERY AND VEIN AND REPAIR OF ILEAL PERFORATION, AND BILATERAL PARTIAL SALPINGECTOMIES.

SPECIMEN: Right and left tubal portions.

ESTIMATED BLOOD LOSS: 3000 to 4000 cc.

COMPLICATIONS:

ANESTHESIOLOGIST: Dr. Burlas/R. Wetzell, CRNA. Sponge count:

ANESTHESIA: General.

WOUND CLASSIFICATION:

ASA:

GROSS PATHOLOGY: The patient is a 23 year old white female, gravida 2 para2002, with first day of last menstrual period of 8/2/99. The patient had a spontaneous vaginal delivery of a viable female at Mercy Medical Center in May of this year. She presented to the Ambulatory Care Center of Doctors Hospital on 6/26 requesting voluntary permanent sterilization. ODHS consent form was signed at that time, and the patient was scheduled for a month later to set up tubal ligation.

On physical examination, the abdomen was flat and soft, with no masses or tenderness. The uterus was normal sized, neutral position, mobile, not tender. The adnexa had no masses or tenderness. We discussed the permanent irreversible nature of the procedure, the risks and benefits, the failure rate of one in two hundred procedures, and the increased incidence of ectopic pregnancy in those failures. She returned in a month and we went over the consent form again for the hospital chart. Again we

REPORT OF OPERATION

ORIGINAL

**** DOCTORS HOSPITAL, INC., OF STARK COUNTY, MASSILLON, OHIO ****

REPORT OF OPERATION: 2

SHONK, SANDRA J

MR# 357848

ACCT# 1271428

PT TYPE I

discussed the risks and benefits, the permanent irreversible nature of the procedure, possible complications. The patient voiced understanding and continued to express her desire for permanent sterilization.

PROCEDURE: The patient was taken to the Operating Room and placed in the low dorsal lithotomy position under general anesthesia. She was sterilely prepped and draped in the usual fashion. A straight catheter was used to drain the urinary bladder. Then a weighted speculum was placed in the vaginal vault and a Sims retractor used to visualize the anterior lip of the cervix, which was grasped in a horizontal fashion with a single toothed tenaculum. This was replaced with a Hulka tenaculum. All other instruments were removed from the vagina, and attention was directed to the patient's abdomen.

A 15 mm curvilinear incision was made just inferior to the umbilicus, and a Veress needle was used to insufflate the abdomen, after verification of its placement with saline drop test. The abdomen was insufflated with 4.5 liters of CO2 gas, until dullness of percussion over the liver was absent. The Veress needle was withdrawn, and a 12 mm trocar inserted through the incision. It was noted at this time there was a flash-back of blood through the trocar. The camera was inserted, but I was unable to get a view in the abdomen. Suspecting a vascular injury, the camera and trocar were removed, and a vertical midline incision was made from umbilicus to pubis. Vascular injury was confirmed. Laps were used to tamponade the major vessels, and Dr. Conklin, General Surgeon, was called for assistance. The incision was extended and repair of the injuries was accomplished. This will be described in another dictation, by Dr. Conklin's service.



Daniel J. Cain, D.O.

D: 07/28/2000

T: 07/29/2000

DJC/#13

REPORT OF OPERATION

ORIGINAL