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

IN THE COURT OF COMMON PLEAS

HUBERT PORTER, Administrator)
of the Estate of)
Brad J. Porter, Deceased,)
)
Plaintiff,)
)
vs.) Case No. 96 CV 115689
) Judge Lynnette McGough
MANHAL A. GHANMA, M.D.,)
et al.,)
)
Defendants.)

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THE DEPOSITION OF MANHAL A. GHANMA, M.D.
FRIDAY, AUGUST 23, 1996

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The deposition of Manhal A. Ghanma, M.D., a Defendant herein, called by the Plaintiff for examination pursuant to the Ohio Rules of Civil Procedure, taken before me, the undersigned, Tracy L. Barker, a Registered Professional Reporter and Notary Public within and for the State of Ohio, taken at the offices of Manhal A. Ghanma, M.D., 125 East Broad Street, Suite 320, Elyria, Ohio, commencing at 2:10 p.m., the day and date above set forth.

APPEARANCES:

On behalf of the Plaintiffs:

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DEPOSITION INDEX OF MANHAL A. GHANMA, M.D.

MANHAL A. GHANMA, M.D.

of lawful age, called by the Plaintiff for examination pursuant to the Ohio Rules of Civil Procedure, having been first duly sworn, as hereinafter certified, was examined and testified as follows:

EXAMINATION OF MANHAL A. GHANMA, M.D.

BY MR. LANSDOWNE:

Q Doctor, would you state your full name for the record, please.

A My name is Dr. Manhal Amiad Ghanma.

Q How do you say your last name, Doctor?

A Ghanma, as if there's no H.

Q Ghanma?

A Correct.

Q Your professional address is what?

A 125 East Broad Street, Suite 320, Elyria, Ohio 44035.

Q Have you given a deposition before, Doctor?

A Yes.

Q On how many occasions?

A On several occasions.

Q Several. You're an orthopedic surgeon. I imagine you've given quite a few depositions relating to traumatic injuries your patients

received and their bringing lawsuits relating to how they got those injuries?

A Correct.

Q Have you ever given a deposition before in a case in which you were a named defendant?

A Yes.

Q How many times?

A To the best of my recollection, once.

Q How long ago was that?

A That was approximately 20 years ago.

Q Were you in Ohio then?

A I was deposed in Ohio. The case that occurred was in Rochester.

Q Let me just remind you of some things about depositions. I'm going to be asking you some questions relating to the care and treatment that Bradley Porter received back about a year ago back at St. Joe's Hospital. Okay?

A Yes.

Q And with respect to my questions, if you'd answer them out loud rather than by a nod of the head, I'd appreciate that. Okay?

A Yes.

Q And if you don't understand my question, please don't answer it. All right?

A Yes.

Q If you don't hear my question -- because we've got the air conditioner going -- please tell me that and I'll repeat it so that you do hear it. All right?

A Yes.

Q And if at any time you want to take a break for anything, to answer a call or whatever, please let us know and we'll do that. Okay?

A Thank you. Yes.

Q Doctor, what have you reviewed in preparation for your deposition today?

A I reviewed the office record that I have as well as the records from the hospital in relation to Brad's care.

Q And you have that in front of you?

A Correct.

Q Did you review anything else relating to Mr. Porter's care or this case?

A No.

Q Have you done a summary of the care you provided to Mr. Porter at any time?

A Yes, I have.

Q When did you do a summary of the care you provided?

A I did that at the request of my attorney approximately two months ago.
Q Two months ago?
A I don't know exactly the date. But it was about that time.
Q Did you review that prior to the deposition today?
A No.
Q When is the last time you saw that summary?
A The last time was when it was typed.
Q Other than that summary, did you make any notes regarding Mr. Porter's care or this case?
A No.
Q Rid you see anyone else's notes or summaries regarding Mr. Porter's care or this case?
A No.

MR. SWITZER: I assume you're talking about other medical, other than medical charts.

MR. LANSDOWNE: I am.

MR. SWITZER: Okay.

Q Other than those medical records, have you seen any other medical records relating to Mr. Porter?
A No.

Q Have you seen the autopsy report?
A Yes.
Q When did you see that?
A My attorney showed it to me approximately two weeks ago.
Q Is that the first time that you'd seen it?
A Correct.
Q Had you been aware of the findings of the coroner prior to seeing the report?
A You might want to rephrase that. I did understand at one point that there may have been a laceration and he found fluid in the belly, but I did not see it as a direct report at that time. I didn't see it in writing.
Q If I can try and rephrase that. At some point in time you became aware that the coroner had made a finding of fluid in the abdomen?
A Correct.
Q When did you become aware of the coroner's finding?
A I don't have a good recollection of the exact date.
Q Would it have been within couple weeks of Mr. Porter's death?
A Probably within four to five weeks. I don't

think -- I don't know when the coroner actually finished his report.

Q Did you have a discussion with the coroner on the telephone?

A Yes, I did.

Q And that's when you learned about his findings?

A Yes.

Q Did you make any notes of that discussion?

A No.

I would like to correct my one statement. I did talk to the coroner and he did notify me of that and then I also subsequently heard it from another source.

Q What was the other source?

A One of the doctors at the hospital had mentioned it to me.

Q What doctor?

A I think it was -- it may have been Dr. Sertich. I'm not certain about that.

Q Can you spell that?

A S-E-R-T-I-C-H.

Q Okay. Is he the vascular --

A He's the neurosurgeon.

Q Neurosurgeon?

A Yes.

Q Did you make any notes of your conversation with that doctor?

A No.

Q Since you corrected that answer, let me just tell you if at any time you feel that you want to correct an answer in this deposition, please feel free to stop us and go back at any point to correct something or clarify something that you feel needs correcting and clarify it. Okay?

A Yes.

Q Have you reviewed any medical literature regarding this case?

A Yes.

Q What medical literature have you reviewed?

A There is a textbook of surgery by Schwartz that I looked at.

Q When did you look at that?

A Approximately nine or ten months ago.

Q Where did you look at that, here in your office?

A No, the library at the MH.

Q What was the purpose of looking at the Schwartz surgical text?

A When the coroner -- when I knew from the coroner there was an injury to the abdomen, I viewed that part of care.

Q What, a chapter on abdominal injury?
A Correct.
Q Did you make copies of any parts of that chapter?
A No, I did not.
Q Did you take notes about anything in that chapter?
A No, I did not.
Q What edition of Schwartz?
A I don't recall what edition they have up there.
Q Any other literature you looked at relating to this case?
A No.
Q What is it you recall of your discussion with the neurosurgeon about this case, after the death of Mr. Porter? I know that you discussed things with the neurosurgeon while Brad was in the hospital, but I'm talking about afterwards. Okay?
A The conversation related to cause of death and what we thought might be the cause of death.
Q Okay. Have you had any discussion with any nurses relating to Mr. Porter's care or death since the time of his death?
A Do you mean since the 17th, the 15th of July, or

subsequent.

Q Any time since the 15th of July.

A No.

Q On the 15th of July, did you have discussions with the nurses about his death after his death?

A Yes. There was a nurse in the -- I assume she's a nurse. I don't know if she is or not. But there was a person from the hospital there.

Q Do you know his or her name?

A No, I don't.

Q What was the substance of that conversation?

A The conversation related to what occurred during the end of the procedure.

Q Tell me what you recall about the conversation, please.

A And the conversation was about the timing of the removal of the endotracheal tube from Mr. Porter.

Q Tell me what you recall about that.

A I think she was the risk manager. I assume she's a nurse, I don't know. But wanted to know when the endotracheal tube was removed from Mr. Porter, and that was basically what the conversation was about.

Q When did this conversation take place?

A This took place during the resuscitation of Mr. Porter.

Q This was a person from risk management who was, who came up during the resuscitation?

A Yes.

Q How did she get notified to come up?

A I don't know.

Q Where did the conversation take place?

A It took place in the hallway outside the operating room, outside the actual operating suite, but in the operating theater, the whole department.

Q This conversation took place while the resuscitation efforts were ongoing?

A Yes.

Q And she asked you when did the ET tube get removed from Mr. Porter?

A Yes.

Q Was she talking about the first time it was removed or the second time?

A The first time.

Q Do you know why she wanted to know that?

A I don't really know why she wanted to know that, no.

Q Did she tell you why she wanted to know?

A Not to my recollection.
Q So she comes up and you're standing outside in the operating room but -- or in the theater but outside the operating room itself. Correct?
A Uh-huh.
Q If you'd answer yes --
A Yes, the answer was yes.
Q But I just want you to answer yes or no rather than uh-huh or uh-uh.
A Well, I already told you where I was standing, so --
Q I understand, but I'm trying to get this in my head as to what happened.
A Okay.
Q So this person from risk management walks up to you and says, when did the ET tube --
A She wanted to know what happened, and I described what had occurred to her, what had happened during the case and after the case and when the patient arrested and what was done subsequent to that. And one of the questions that she wanted to know was, when did the ET tube come out.
Q Was she taking notes?
A I don't recall

Q What did you tell her about the ET tube?
A I told her that I can't remember exactly when and how the ET tube came out and that at one point I turned around and the ET tube was not there and the patient was being given oxygen through the mask and subsequent to that, the patient was being intubated. I don't know exactly when the tube came out the first time.
Q Do you know how it came out the first time?
A No. I do know that there was difficulty in turning the patient over and there may have been some tape across his forehead, but I don't know exactly when the ET tube was removed.
Q When you say difficulty turning the patient over, do you mean subsequent to the patient's arrest or prior to the patient's arrest?
A Just at the time that he arrested. We had just finished the procedure in terms of what I was doing, and we were in the process of wanting to turn him back on his back, and that's when he arrested and that's when there was difficulty in getting the, whatever apparatus was around his face so that he could be turned without that obstructing that turn.
Q You're surmising that may have been the point

when the tube came out; is that right or --

A I don't know exactly when the tube came out. Because at the same time people were coming into the room and I turned my view elsewhere.

Q You know the anesthesiologist that was involved in this case?

A I had never worked with her to the best of my recollection, or if I had, I didn't know her.

Q Dr. --

MR. LANCIONE: How does she say her name?

MS. HENRY: Quansah.

Q You had never worked with Dr. Quansah prior to this operation?

A I don't think I did. I'd have to go back to the records and see if I had ever actually worked with her before. I don't think so.

Q Ever work with her after this?

A No.

Q Did you ask Dr. Quansah when the ET tube came out?

A I did not ask her.

MS. HENRY: I didn't hear the answer, I'm sorry.

A I did not ask her. To the best of my

recollection, I do not recall asking her when she took the tube out.

Q Well, do you know what she says in terms of when the ET tube came out? Did anyone else tell you Dr. Quansah says the tube came out at such and such a point?

MS. HENRY: Objection.

A Could you rephrase that?

MR. SWITZER: I think he's already indicated that he doesn't know how or when the ET tube came out.

MR. LANSDOWNE: I know. But I'm getting to what Dr. Quansah says in terms of when the ET tube came out.

MS. HENRY: Didn't he just say he didn't know?

MR. SWITZER: He said he didn't know how or when the ET tube came out.

MS. HENRY: And he didn't --

MR. LANSDOWNE: We're going along fine.

MR. SWITZER: You keep asking the question and then you keep asking the question different ways.

MR. LANSDOWNE: Well, sure.

MR. SWITZER: Ask the question. Go ahead, Dennis.

BY MR. LANSDOWNE:

Q Did anyone else tell you that Dr. Quansah told them when the ET tube came out?

A I don't remember any such conversation.

Q Have you ever seen a note or a summary of any kind that indicates what Dr. Quansah said about when the ET tube came out?

A Yes.

Q The first time?

A Yes. I saw the addendum that she wrote to her note. To the best of my knowledge, it does not specify exactly at what point the ET tube was removed.

Q Do you know when she put that addendum in the chart?

A She put it in that morning, to the best of my recollection.

Q Okay. Did you have a discussion with her about that addendum?

A I did not.

Q Who did?

A I think the risk manager informed me that she had a conversation with her about that, but,

again, I'm not 100 percent sure of that response.

Q You think that the risk manager told you that the risk manager had had a conversation with Dr. Quansah before Dr. Quansah put the addendum in the chart; is that right?

A I don't know.

Q I'm sorry if you answered this. Did you have any conversation at all with Dr. Quansah about the addendum, either before or afterwards?

A No. No, I didn't.

Q Okay. I'd like to move ahead and then we'll back up later. Can you tell me what the cause of death was for Mr. Porter, in your opinion?

A I don't know his exact cause of death.

Q Is it fair to say that you did not have an opinion with reasonable medical certainty as to Mr. Porter's cause of death?

A Do you mean am I certain of what caused his death?

Q I mean, do you have an opinion with reasonable certainty as to what caused his death?

A As I said, I don't know what he died of.

Q Let me just clarify this because we used legal terminology. Now I want to find out, do you

have an opinion as to what probably caused his death?

A No.

Q Other than the coroner, have you discussed with anyone what probably caused Mr. Porter's death?

A During his resuscitation, the possibility of a pulmonary embolism was entertained and discussed with the physicians that were there. The possibility of a cardiac arrest was also mentioned. The possibility of sepsis was also mentioned as a possible cause of death. And that's basically what was mainly discussed as possible cause of death with physicians in and around the time of his demise.

Q You indicated earlier that you had had a conversation with the neurosurgeon about the cause of death sometime after --

A Correct.

Q -- his death. When did that conversation take place?

A That took place after the coroner had found the blood in the patient's abdomen and the fluid that was there, and that's what I have.

Q Okay. What was that conversation? What did you say and what did the neurosurgeon say?

A The conversation was whether that might have caused his death or not, whether there was bleeding that might have caused his death or not. And the general consensus was that probably not, as opposed to probably yes.

Q The bleed you mean, probably ***not*** the bleed?

A If there was any bleeding. We don't know that there was any bleeding before he actually died.

Q What was the reason that you -- I don't know if conclusion is the right word -- but that you at least thought and discussed that bleed was probably not the cause of death?

A There was several reasons for that. One was the fact that his hemoglobin was quite normal in terms of the average hemoglobin. He had a hemoglobin of 15 when he came in and after the first surgery was only 13, even though he'd been struck in the calf or thigh by a propeller'and probably had bleeding from his thigh at the time.

The second and third reasons had to do with the fact that he was resuscitated for about two and a half hours with constant compression being applied to his chest and abdominal areas. And third, he was also given a blood clot

dissolving agent during this resuscitation that may have caused some of the fluid that was in his abdomen and some -- and may have caused some of that fluid to be there. so for all those reasons, that's why that conclusion was made or arrived at.

Q That conclusion being arrived at was by you and the neurosurgeon?

A Yes.

Q Let me just ask you again so I'm clear on this. Is it your opinion with reasonable medical certainty that the bleed did not cause Mr. Porter's death?

A I don't know what caused Mr. Porter's death.

Q I understand.

A SO --

Q With respect to the second point that you raised about the resuscitation efforts on his chest and abdomen, are you indicating that that's a possible source of the liver laceration?

A Correct.

a That is that the liver lacerated in the resuscitation process?

A Correct.

Q And that's a hypothesis that you have; is that

right?

A I don't know, but that's -- yes.

Q Have you seen that happen before where a person's liver is lacerated in resuscitation efforts?

A I don't get involved in too many resuscitations, but 1 have seen broken ribs before from that kind of activity, yes.

Q Have you seen liver lacerations?

A I have not.

Q The third point --

A Let me -- I have not seen liver lacerations after resuscitation. I have seen liver lacerations of other causes.

Q Thank you. With respect to the third cause or third reason in your list was that the patient had been given TPA in the resuscitation?

A Correct.

Q And your thinking in that respect was that the TPA might have caused a significant amount of bleeding from the tear that was caused in the resuscitation?

A Yes.

Q Indicating that the bleed came after the arrest, as opposed to causing the arrest?

A Yes.
Q That's sort of your thought process on that; am I stating that correctly?
A Yes.
Q You presently limit your practice to orthopedics?
A Correct.
Q And that was true also back in '95?
A Correct.
Q When did you get your board certification?
A 1992.
Q Do you do any general surgery?
A No.
Q Do you do any abdominal surgery?
A No.
Q You have some duties in the risk management department at Elyria Memorial Hospital?
A I used to be in the risk management committee, but I'm not anymore.
Q When did you leave that committee?
A Approximately three or four years ago.
Q So this resume that was attached to your interrogatory answers says 1990 to present, that's outdated?
A That was probably part of my CV that was not

amended. Yes, that's correct.

Q What were your duties in the risk management department?

A What were my duties? I would attend meetings relating to risk management concerns of hospitals and review cases at those meetings. This is at Elyria Memorial Hospital. I want to clarify that.

Q Did you participate in drafting any protocols or procedures as part of your risk management duties?

A Not generally. I had to review one particular policy and make some comments on that relating to complaints, patient complaints, and how to handle a complaint, but not policies relating to patient care.

Q Did you have any duties in the risk management department at Lorain Community Hospital?

A No, I did not.

Q How is it that you first became involved in Mr. Porter's care?

A Are you asking in relation to his admission for his boat injury?

Q Right.

A I was called by Dr. Evans that evening. I was

on call as backup for orthopedics for the emergency room and I had signed out to Dr. Purohit. Dr. Evans called me about Mr. Porter.

Q Where were you when you got the call?

A I was in Cleveland at an Indians game.

Q You were backup to Dr. Purohit?

A No. Since I was going to the game, I had asked him to cover for me while I was gone, and I asked Dr. Evans to call Dr. Purohit to see Mr. Porter, since I was signed out to Dr. Purohit.

Q Oh, okay. And what happened, they couldn't find Dr. Purohit?

A No, they called him and he said that the lights were out and it was a very dangerous -- there was a storm that evening, and at any rate, he asked them to call somebody else.

Q And they called you back?

A They called Dr. Marfori, the plastic surgeon, and I'm not sure if they called another person. And by the time that all that had transpired, I was back home because the rain was pretty bad and the whole game was rained out, and I was at home about 10:30. I think I got a call from Dr. Evans again about 11:00 or 10:45. I'm not sure of the exact time.

Q Who's Dr. Evans?
A He's the emergency room physician at St. Joseph's Center who was there that evening.
Q So when did you first get to see Mr. Porter? Obviously, you can look at the notes.
A I think it's around 11 or 10 past 11. I'm not sure of the exact time that the nurses have noted that. I don't think I noted exactly when I saw him. It may be in the hospital record.
Q Let me back up. What were you told about Mr. Porter by Dr. Evans in either of those two phone calls?
A I was told that Mr. Porter had sustained a laceration of his left thigh having been struck by a propeller of a boat while he was in Lake Erie and that he had a large laceration of his thigh involving the posterior aspect of his thigh and that there was a large open wound there with muscle laceration and skin exposed. So I think he also informed me that there was a fibular fracture of the proximal fibula on that same side.
Q Okay. When you came to the hospital that evening, take me through the steps. Do you review the chart first or see the patient first,

which one?

A To the best of my recollection, the first thing that happened was I spoke with Dr. Evans or whoever was there at the time. And then I went to see the patient and examine the patient. I think that's how the sequence was.

Q Okay. What did you understand was going to be your role in terms of the care of this patient?

A My role was going to be to treat his left thigh injury and to clean out his thigh in case of the fact that it was contaminated with lake water, and I was to follow the fibular fracture since he had a fracture. And that was basically what I saw as my role with respect to Mr. Porter. I was called as an orthopedic surgeon and that's how I presented myself there.

Q Did you do a trauma assessment of Mr. Porter?

A I examined Mr. Porter. I listened to his heart and lungs, I examined his abdomen, and I again checked with Dr. Evans concerning any possible general surgical problems and he assured me that he had also examined him and found that there was nothing in that area.

Q You say you examined Mr. Porter's abdomen?

A Yes, I did.

Q Did you make a note to that effect?
A No, I did not. I borrowed a stethoscope from the nurse that was there and examined him at the time because --
Q Do you recall -- go ahead. I don't want to interrupt him.
A -- because he required history and physical to be completed prior to the surgery being done. After I left after completing his history and physical I saw that Dr. Murthy had already written that into the chart, so I didn't write anything at that time.
Q You said Dr. who?
A M-U-R-T-H-Y is the name of the doctor who was assigned the HP to Mr. Porter.
Q Who is he or she?
A He's a physician on staff at the hospital. I don't know -- I think he covers in the emergency room as well on occasion.
Q So you had this conversation with Dr. Evans who told you that an assessment of Mr. Porter had been done and the conclusion was there was no need for a general surgery consult?
A That was -- yes, that's correct.
Q And you didn't make a note about his abdomen

because Dr. Murthy had already put that in the chart?

A Right. And there were no findings to put down anyway.

Q **Is** there a trauma protocol at St. Joe's?

A Not to my knowledge.

Q Let me just ask you, did you consider that you had done a complete trauma assessment of Mr. Porter?

A I don't understand the question, so you might want to explain what you mean.

Q Well, you were being called in as an orthopedic surgeon is what you testified, and you were going to be taking care of his left lower extremity injury. I was just wondering whether you felt that you had done a complete trauma examination of him or whether you left that to somebody else and concentrated on the, what you had been called in for is my question.

A It's not answerable by a yes or a no. I came in for the left thigh. I examined him to make sure that there was no problem that would prevent him from having the anesthetic that he required to have the thigh taken care of and that there were no other injuries that were compelling or more

important than his thigh injury. So in that sense, it's a combined answer.

Q Okay. What did your examination of the abdomen consist of?

A I listened to his abdomen and I palpated his abdomen.

Q And your findings were?

A That the findings were negative. He had good bowel sounds and no tenderness in his upper, lower, or other quadrants, nothing to indicate any intra-abdominal bleeding.

Q Did you ask Mr. Porter if he had pain in his abdomen?

A I don't recall if I specifically asked him if he had pain in his abdomen. He was in severe pain with his left thigh and he was generally tender over most of his body and the answer is -- in relation to his initial visit in the ER when I saw him the first time.

Q Did you have a conversation with Dr. Murthy then?

A No, I did not.

Q But you had reviewed his notes in the chart?

A When I went back to dictate and write my own history and physical, I found that he had

a1ready comp1eted that in the chart, so I didn't do a duplicate.

MS. HENRY: Can we just -- I didn't --

MR. LANSDOWNE: Do you want her to read back the end?

(Record was read.)

Q Are you the doctor then who actually admits Mr. Porter into the hospital?

A Yes.

Q And in admitting Mr. Porter, you become the attending physician for him; is that right?

A Correct.

Q And then you assume the role of the physician primarily responsible for his care?

A That's a tough one to answer because there are areas where I might call in somebody else and that person would be primarily responsible for that part of that care, so --

Q But I mean in terms of overall responsibility, you're the attending physician and you may call in consults, but you're the --

A Correct.

Q -- the one that's running the show, so to speak, for Mr. Porter. Correct?

A Correct. But if I call in somebody, for example, who decides he wants to do a particular procedure in his area, I'm not one that's going to stop that person from doing it or recommend to him to do that. I'm not the so-called "captain of the ship" in the old sense of the word.

Q Okay. What treatment did you decide to, or did you recommend for Mr. Porter?

A I recommended to him that he have the wound cleaned out under anesthetic and have cultures obtained and that he receive antibiotic therapy. And I also advised him that it would be more than one debridement that would be necessary. I also informed him that he may require the services of a vascular surgeon, of a plastic surgeon, and of a neurosurgeon as well.

Q Why did you feel it was going to be two debridements?

a The contamination was quite extensive and the laceration was a very large laceration and he was in the water for quite some time. It would be unlikely for him not to develop an infection if he only had one debridement and one cleaning out of that wound given the circumstances.

There was -- do you want me to continue?

Q Sure.

A There was a good likelihood that he might lose his leg and his life from the injury to his thigh alone and he was aware of that from the very beginning. There were no guarantees made as to the survival of that limb considering the amount of trauma.

Q Did you have a discussion with Mr. Porter about that potential loss of his limb?

A Yes, and with his family as well. They were aware of that also.

Q How did you grade his condition upon admission, critical, severe, what?

A He was between severe and critical. In terms of the intensity and severity of the thigh wound alone.

Q Did you --

A Let me qualify that answer, if I might.

Q Sure.

A When I say that, I mean what the consequences of that injury would end up being as time goes on. He was going to live that day, whether we took him to debride his thigh or not. But if an infection set in, that could be a

life-threatening infection. That could not only cause him to lose his thigh and leg, but also his life. So in that sense, I rated it severe, potentially fatal.

Q You ordered some lab studies?

A I did not. These lab studies were already ordered before I got there. The only lab studies that I ordered were the cultures that were obtained intraoperative that night and subsequent, on the subsequent debridement.

Q Okay.

A And I also -- correct that, I ordered some hemoglobin afterwards as well to check on his blood and electrolytes.

Q After the first debridement?

A Correct.

Q Did you, prior to the debridement, first debridement, make an estimate of blood loss?

A It was impossible to make such an estimate. He had lacerated his thigh in water and there was no way to know how much blood he had lost in the time that he was in the water trying to get resuscitated or trying to get rescued, so there really was no way to estimate that accurately.

Q When you saw him, was bleeding controlled in his

leg?

A Just, if you could clarify what you mean by "controlled." I do have an answer to your question, but I want you to clarify it some more.

Q I don't know how to -- if I can use the right terms. But was the thigh actively -- was there active bleeding in the left thigh at the time that you saw him?

A Yes. And there were also compression bandages around there that were helping to slow down that bleeding.

Q Okay. Those had been applied prior to your --

A Prior to my getting there, yes.

Q Did you get the results of the hemoglobin and hematocrit that had been ordered in the ER before you did your debridement the first time?

A I don't remember.

Q Did you see those, or see that H & H, the first H & H, at sometime before the second debridement?

A Correct.

Q The studies indicate that the H & H prior to -- the H & H taken at 2106 on July 13th was in the normal range. Correct?

A Yes.
Q What would that indicate to you?
A What do you mean?
Q Well, about his blood loss from the injury.
A That really doesn't tell us very much about how much blood he lost. He could have lost more than one or two units. He could have lost less than that and the hemoglobin would not have changed in that short a period of time from the time of his accident to that time that that blood was drawn.
Q All right.
A So in answer to your question, that would indicate to me that more than likely his normal hemoglobin was about that level.
Q That's what you would have taken that to mean, that this H & H at 2106 probably represented his baseline?
A Probably. You can get incorrect readings if there is basic constriction and you may have it actually a little higher than what is baseline.
Q You did not feel that this gave you any information as far as how much blood he may have lost from the injury itself. Correct?
A Yes.

Q Okay. The first debridement, what was the time of that?

A I'll check the record here and see.

Q Sure.

A It was 20 minutes after midnight when the patient was in the room, and the anesthetic ended at 1:40 in the morning.

Q That was a spinal anesthetic?

A That is correct.

Q What did you do in that operation?

A Let me find my operative report and refresh my memory also.

Q Sure.

A After the patient had been given the spinal anesthetic, he was placed prone, in other words, face down on the operating table, and the left thigh was prepped and draped and explored. There was tissue that was removed that was dead tissue that was shredded. The thigh was explored for evidence of injury or possible injury to any of the arteries and nerves in the area as well as to see how deep the laceration extended down and whether it went to the bone or not. That area that was the deepest parts of the wound were cultured. Irrigation was

performed, and then the wound was dressed.

I would like to just check my notes. I think I left a clip or clamp or something to -- it may have been the end of the second operation -- to show where the end of the nerve was. There was one nerve that hoked like it was severed. At any rate that was what was done.

There were bleeders that were coagulated, and that refers back to your previous question as to whether the bleeding was controlled. There were still vessels that were still bleeding and they needed to be coagulated. And there was blood coming from the open muscle and lacerated muscles as well. So those were the findings at that time.

Q Your note indicates small bleeders in the area. Correct?

A Right.

Q Any major vascular injury?

A There may have been one large vessel that was coagulated, but I don't recall -- I don't recall exactly. There were multiple bleeding sites. The whole thigh in the back, I don't know if you've had a chance to see his pictures or not,

the area was quite extensive. It was not one or two small bleeders in one isolated area of the thigh. The whole thigh was filleted open. If you can imagine how much bleeding there was from many areas over a large surface, small bleeders over a large surface area.

Q In your note, is there any indication that you found any major vascular --

A I was looking to see if the popliteal artery was severed or cut. I did not find a laceration of the popliteal artery.

Q But you did decide to get a vascular consult just to be on the safe side?

A Yes.

Q And did the vascular consultant find any major vascular injury?

A Not to my knowledge. I don't think he did an arteriogram, so on clinical examination alone he did not find any major.

Q Mr. Porter did well in the first operation?

A Yes.

Q The estimated blood loss in the operation?

A Nil.

Q Virtually none?

A 50, 100 cc's, not that much.

Q What was the plan after the first operation?

A The plan was to make sure that his leg was viable in terms of its vascularity. That was the reason for the vascular consultation. That was number one on the list in terms of things to check and take care of.

Number two, with respect to his lower extremity, was to have a plastic surgeon involved, and three, have a neurosurgeon look at it as well. Before the surgery the patient had limited function in his foot in terms of being able to move it and he had decreased sensation, and during the surgery it appeared that one of the nerves had been lacerated also. And that's why it was important to get the opinion and recommendations and treatment from the neurosurgeon as well.

So those were the main things, followed as well, with all of this going on, to make sure that he got enough antibiotics to make sure no infection developed in his thigh. He was also notified that he would have to come back with either a second or possibly third debridement, and he also was aware that the plastic surgeon would more than likely have to do something to

close that wound eventually.

Q Would you read your post-op order into the record, because I can't read all of it. It would just be helpful if you could do that.

A Diet, regular. Out of bed, back to chair is tolerated. Vital signs. Neural and vascular checks for left leg and foot, accurate intake and output. ICD 5, normal saline at 50 cc's an hour. Erythromycin, 500 milligrams IC piggyback every six hours. Allergic to Penicillin. Gentamycin 80 milligrams IC piggyback every eight hours. Repeat CBC a.m. Get baseline SMA, 6. Insert Foley or straight cath if unable to void by 8 a.m. Inform Dr. Ghanma of results of cultures from left thigh. Dressing change q shift with Adaptic gauze, wet four by fours, Ace for left thigh. Consult Dr. Marfori regarding wound management. Consult Dr. Zolli a.m. regarding vascular status of thigh. PC pump for pain control. Contact anesthesia for orders. Sign consent for re-debridement on 7-15-95.

Q Was the patient having significant amount of pain after the surgery?

A Yes.

Q Where was the pain?

A In his left thigh.

Q Did he have pain anywhere else?

A He had a laceration of his thumb that I sutured during the first operation. He had pain there. He had pain all over. He was quite sore. The most severe pain that he complained of that he verbalized was of his left thigh.

Q One of the things that you ordered was a CBC. What was the purpose of ordering that?

A I was not clear as to how much blood loss he had during the time that he spent in the water, and by repeating the CBC that would give me a more accurate assessment of blood loss that had occurred prior to the CBC being done.

Q Were you also checking to see if there might be potentially an internal bleed?

A That wasn't on my mind. At the time that I ordered that CBC I wanted to find out how much blood loss he had.

Q Did you consider at all the possibility that he might have an internal bleed? And I'm talking at the time after your first debridement.

A Yes.

Q You did consider that?

A Yes.

Q What did you consider and why did you consider it?

A Well, the patient had been in the water, and I don't know exactly what kind of trauma he might have received at the time. The waves were quite rough, but that's something that you just think about without specifically recalling exactly when you thought about it.

Q Was that consideration part of the reason for getting the CBC or no?

A No.

Q After the debridement, when did you next see Mr. Porter?

A I saw him that morning, to the best of my recollection, as well as on 7-14, that evening as well, late afternoon, two visits. I saw him, according to my progress notes, at 7:40 a.m. on the 14th, and I also saw him that evening.' Actually, it says 7 a.m. I want to correct that. No, that was -- 2 a.m. I believe was the surgery, and it was 7:50 a.m. that I saw him that same morning.

Q Okay. In between the times that you were able to see Mr. Porter, the nurses would have been the people who were doing assessments of him on

a regular basis?

A That is correct.

Q And you would have to rely upon their assessment to make your decisions about his care?

A Not necessarily.

Q I mean, that information would be something that you would use to make your decision?

A That would be helpful in making the decision.

Q One of the things you would want to know about is pain the patient was having. Correct?

A Correct.

Q You would want the nurses to chart the patient's complaints of pain?

A Correct.

Q You would want the nurses to chart the location of the pain. Correct?

A Yes.

Q That's what you expect nurses to do, is tell you not only that the patient's having pain but where the pain is. Correct?

A Yes.

Q And you'd also want them to chart the intensity of the pain?

A Yes.

Q Why do you want to chart the location of the

pain?

A The location of the pain would be helpful in determining an area of possible pathology.

Q If we look at the nurses' notes for July 14th, do you have that?

MR. SWITZER: What shift?

MR. LANSDOWNE: I think it starts out at 0300.

THE WITNESS: Yes.

MR. TREU: Those are the progress notes, not the assessments?

THE WITNESS: Nursing progress note?

MR. LANSDOWNE: Right. Because the assessment and care plan is done, apparently, on the 13th; is that right? I'm just trying to break this up so we can focus on some things. But I think the original assessment is on the 13th, nursing assessment, and the notes begin on the 14th; is that correct?

MR. SWITZER: What assessment were you talking about?

MR. LANSDOWNE: Well, there's a nursing department admission assessment, several

pages, which, I believe, was done on the 13th.

THE WITNESS: Are you talking about the preoperative checklist on the 13th?

MR. SWITZER: This (indicating)?

MR. LANSDOWNE: Right.

MR. SWITZER: Is there a date?

THE WITNESS: I don't see one.

MR. SWITZER: There is down on the bottom.

THE WITNESS: That's 7-15.

MR. LANSDOWNE: There does seem to be a date on it of 7-15 which I think must be an error.

BY MR. LANSDOWNE:

Q But in any event, looking at the notes from the progress notes beginning at 0300 on the 14th, as far as pain is concerned, I see one notation for pain at 0430, patient complains of pain. See any other indication -- well, there's one.

A At 0300, complains of pain.

Q One at 0300.

MR. SWITZER: Did you say 0330? I don't think it said complained of pain. I think it said 3:30 denies pain, unless I'm --

MR. LANSDOWNE: No, I said 0430. The doctor corrected me to say that there was one at 0360.

Q Complains of pain with movement at 0300. At 0330, denies pain at this time, and at 0430, patient complains of pain. Correct?

A Yes.

Q Those are the notes of pain as far as that shift, right?

A For that shift. There are notes of pain prior to that shift in the ER assessment.

Q Right. Any indication on this shift that we're looking at here as to the location of that pain?

A To the best of my understanding, the complaint of pain with movement meant movement of the leg, and he was having a lot of pain whenever that lower extremity was moved. So I'm going back to the first notation of 0300. That's my understanding of that reading.

Q How do you come to that understanding?

A Well, 1 was seeing him. He was in excruciating pain before the surgery, and when I saw him subsequently, that was his main complaint as well as the pain in his thigh that following morning. And given the laceration he had, it

would be very surprising if he didn't have pain. And so, therefore, the information at 3:30 indicates that the PCA was more than likely helping him with his pain.

Q So you took these notations to mean that pain in the area of the thigh?

a I don't recall seeing these except after the patient was discharged.

Q You don't think you reviewed these notes from 0300 to 0600 at any time?

A I doubt it. I might have looked through them, but I doubt it.

Q Did Mr. Porter complain to you about any -- strike that.

Did you ask Mr. Porter about any complaints of pain in his abdomen? I'm talking about on the 14th.

A Yes.

Q When did you ask him?

A When I came that evening to see him again he hadn't eaten any of his food or very little of his food, and I asked him why, and he said that he had a poor appetite. So I again examined his abdomen and his chest to see if there was anything I would be able to find at that time

a ease

in appetite.

MR. TREU: I'm sorry, did you say the evening when you visited him or the morning?

THE WITNESS: That evening.

A I don't recall if I asked him in the morning, but I definitely know that I did ask him in the evening because his tray was there and he hadn't eaten much of the food.

You're referring then to at the time you made the note July 14th -- I guess there's no time on it. But you think that would have been the evening of the 14th? It starts out, I think, Dr. Marfori?

A Yes.

Q That note would have been sometime in the evening of the 14th?

A It was about the time when they brought the dinner trays out.

Q And you say at that time you examined his abdomen again?

A Yes.

Q Did you make any notation about examining his abdomen?

A No.

Q And, again, tell me what you did in your examination.

A 1 examined his abdomen. I also listened to his abdomen for bowel sounds as well as examined his chest. He was slightly tender in the right lower chest area, back in this area here at that time (indicating).

MR. SWITZER: You're pointing to your back?

THE WITNESS: In his right --

Q You indicated the right lower quadrant?

A No, no, the right lower quadrant, that's in the abdomen. We're talking about the right lower part of his chest to listen for breast sounds. That's where he had tenderness, right there (indicating).

MR. SWITZER: You said chest, Doctor, do you mean back?

THE WITNESS: Well, that's part of -- his chest goes all the way around.

MR. SWITZER: That's true. The back position of his chest,.

THE WITNESS: Correct.

BY MR. LANSDOWNE:

Q And what did you attribute that to?
A I asked him, and he said that he was bumped around when he fell during the, during his episode in the water.
Q Bumped around how?
A He had fallen off of his boat. He was -- and I don't know exactly how he fell of€ the boat -- but he ended up in the water. He then attempted to climb onto another boat, and the propeller hit him in the leg, and he was also bumped by that boat at the time. And then he tried to get on a jet ski, and he had to scramble onto that. So there were times during that whole incident that he was in a situation where he might have been bumped.
Q Multiple opportunities to get multiple types of trauma. Correct?
A I don't know what happened when he was out' there, what exactly happened. All I know is that he did fall off of his boat. Exactly how he fell off the boat, I don't know, and what he hit, I don't know specifically.

But when I asked him, he said that he didn't have a previous problem before that accident. It wasn't something he had pain there

for a long time before. So to the best of my knowledge, that was accident related.

Q The pain in his right lower back?

A Correct. Right lower back, no. Right lower chest.

Q Right lower chest. I apologize.

A Okay.

Q By the evening of the 14th when you saw him, did you have the results of the CBC?

A I think so. I'm not positive on that, but I did at some point get information that the CBC was within acceptable limits.

Q The records indicate that the CBC would have been drawn at 0740 and revealed hemoglobin of 13.5 and a hematocrit of 38.2. Correct?

A Yes.

Q Both of those would be in the low range?

A They would be within acceptable range for the kind of injury that he sustained to his thigh. They would not be critically low. They would be on the underside of low. There are many people who have a hemoglobin 13.5 that are considered normal as far as their hemoglobin goes.

Q The lab, in any event, rates those as low. Correct?

A On their charting, yes.

Q What did you attribute that decrease from the previous H & H that had been drawn on admission?

A I attribute it to the probability of blood loss from his thigh mainly and some of the blood loss that was present not only during the surgery but afterwards. The dressings were soaked in blood over the 24-hour period intervening between the time that he had surgery and subsequently.

Q Did you consider the possibility -- now, I'm talking about the 14th when you received the information of the second H & H. Did you consider the possibility that that blood loss was related to an internal bleed?

A The answer to that is that not all that blood loss could have been related to internal bleed. I did consider that possibility, and my notes of 7-14 indicate that I had a question concerning nausea or vomiting and he had none. And if he had had an internal bleed, I would have expected him to have symptoms of a peritoneal nature, nausea, vomiting, etc., all of which he denied.

Q Your note about no nausea or vomiting is at 7:50 a.m.?

A Correct.

Q I'm really referring to -- at that time you would not have had the second H & H results. Correct?

A Right.

Q I'm talking about the --

A I don't know if that's true or not. I might have already gotten those if they were done in the morning. If they were drawn early that morning I might have had them when I went to make rounds. I don't know exactly when I got the hemoglobin.

Q Well, the lab report indicates that -- indicates 0740. That would be the time that they're collected, right?

A Let me check.

Q It says collection time. Take a look.

A Yes. They may have called me with the results. I don't recall when they called me with these results. It's possible.

Q You wouldn't have had them by 7:50. Correct?

A Probably not.

Q So, again, what I'm asking you is, at the point in time, the evening of the 14th when you saw Mr. Porter and you had the results of the second H & H, did you consider the possibility that

some of that blood loss was attributable to an internal bleed?

A No, I did not.

Q And why not?

A There was ample evidence to indicate where the blood loss was from, from his thigh injury. And his abdomen was benign. He had no complaints with regard to his abdomen. If he had had a substantial bleed as a result of the accident that he had been in, he would have most likely been hypotensive by that time. And so all of those factors relate to that. If he had a ruptured spleen that was bleeding, he would have probably been dead by then.

Q Did you do any type of calculation of his fluid intake and output at that time that -- that is the time of your visit with him on the evening of the 14th?

A NO.

Q To the best of your recollection, you saw him two times on the 14th?

A Yes.

Q The next time you saw him would have been on the 15th?

A Correct.

Q On the morning of the 15th, prior to surgery, did you review the nurses' notes for the previous evening?

A No, I did not.

Q Do you know whether he complained of abdominal pain or back pain the evening of the 14th or the morning hours of the 15th before you saw him on the 15th?

A To the best of my knowledge, he didn't complain of any abdominal or back pain. My examination on the 14th elicited from him the statement that he was having pain in that area when I was examining him, that was a tender area when I was examining him. To the best of my knowledge, he did not complain of any abdominal or back pain during the period that you're asking.

Q Did you consider on the afternoon or evening of July 14th ordering another CBC so that you could have the results of that prior to the scheduled debridement?

A I don't think so.

Q Do you have an opinion what a CBC done on the evening of the 14th or the morning of the 15th would have shown regarding Mr. Porter's H & H?

A I don't know what it would have shown.

Q Okay. So I'm clear, I know you don't know what it would have shown, but do you have an opinion what it would have shown?

A Can you clarify the question?

Q Sure. The only way to know what it would have shown is if it would have been done. But what I'm asking you is: Do you have an opinion, based upon your experience and knowledge and the fact that you treated this patient and have had an opportunity to review this record and give it some thought, do you have an opinion what a CBC done the evening of the 14th or the morning of the 15th would have revealed regarding his hemoglobin and hematocrit at that time?

A It probably would have been slightly lower than the 13.5.

Q And why do you say that?

A Well, because it takes time for that hemoglobin and hematocrit to accurately reflect an acute episode of blood loss, so the hemoglobin was somewhat behind the actual reading more than likely. In other words, when I received the 13.5, it more likely represented something in the neighborhood of 12 or 12.5 for when it would stay stable.

Q Knowing what you know now about the coroner's findings, do you believe that Mr. Porter was bleeding internally on the evening of the 14th?

A I don't know.

Q Assume for me that he was bleeding on the evening of the 14th, had you known that, would you have gone ahead with the surgery on the 15th?

A I would have called in a general surgeon to see him and more than likely would have had to also debride that thigh as well. So no matter what the surgeon did, he needed to have that thigh debrided also. So I think it would have been a situation where both of us would have been working if there was a need for him to do surgery on Mr. Porter.

Q Would you have agreed to a general anesthesia if you had known that he was bleeding internally, assuming he was bleeding internally?

A If he was bleeding internally, then the bleeding would have had to have been stopped, I would assume. So to stop that bleeding, he would have had to have a general anesthetic, if there were this bleeding.

Q Prior to the surgery on the 15th, did you have a

discussion with the anesthesiologist about the use of a general anesthetic?

A No. When I came to the operating suite, he was in the process of being examined and questioned by her, by the anesthesiologist.

MS. HENRY: Wait. He --

MR. SWITZER: She didn't hear it.

MS. HENRY: You dropped your voice.

MR. LANSDOWNE: Read it back, will you please.

(Record was read.)

BY MR. LANSDOWNE:

Q Did you overhear any of that conversation?

A No.

Q Do you know what the anesthesiologist and Mr. Porter discussed?

A I don't know. I wasn't directly close to them when they were talking.

Q The records would indicate that Mr. Porter had a decrease in his blood pressure -- I'm talking about the early morning hours of the 15th.

A Okay.

Q Do you know what I'm referring to?

A Okay.

Q Do you see the decrease in blood pressure that's listed on July 15th? He had been up in 144/76, 130/60, 138/74 and then decreased down to 110/62. Do you see that?

A Yes.

Q Had you seen that prior to your surgery on the 15th?

A The nurse called me about him that morning before the surgery and notified me that his temperature was up and that he had dropped his blood pressure slightly. He was also experiencing increasing pain in his thigh. I explained to her that we were taking him to surgery to debride again. I felt that that was related to the possibility of him getting an infection in his thigh.

Q You thought his blood pressure drop was related to infection?

A Yes.

Q Did you consider whether that blood pressure drop could be related to bleeding, internal bleeding?

A Not at the time.

Q Did you make any orders at the time that you got

this notification about the blood pressure and temperature?

A Actually, there was a notification about the temperature more than the blood pressure, and the call was about the temperature more than it was about blood pressure. The call for Tylenol was in relation to the temperature elevation.

Q The second procedure was going to be another debridement; is that right?

A Correct. I had also discussed with Dr. Sertich whether he wanted to be present to check the nerve that was damaged and had suggested that he might want to also be there as well. So it was debridement but also to look at the nerve and see the extent of what amount of nerve damage was present. The overriding reason for the second surgery was debriding it and cleaning it out again.

Q Was Dr. Sertich present for --

A To the best of my recollection, he was not in surgery. He may have seen the patient prior to Mr. Porter going to surgery that same morning.

Q During the procedure itself -- I know at the end of the procedure or maybe after the procedure, obviously, he has an arrest, but during the

procedure itself were there any complications?

A Can you explain what you moan by "complications"? In other words, related to what I was doing with his thigh?

Q Related to what you were doing, yes.

A No.

Q He did, at one point, have a drop in his blood pressure during the procedure, right?

A That's correct.

Q That was towards the end of the procedure?

A Yes.

Q Do you remember that?

A Yes. I remember that she told me that he was having -- he was having trouble with his blood pressure.

Q That is Dr. Quansah?

A That's correct.

a What did she tell you?

A She said, I'm having trouble with his blood pressure. And I said, well, there's nothing that we're doing here that is going to cause his blood pressure to drop so I asked her if she wanted me to stop. She said no. I don't know what she did. I don't know what she gave him or what she did, but his blood pressure came back

and we continued and I quickly finished what I was doing.

Q What did you attribute that blood pressure drop to?

A Often in the course of anesthesia the patient will have a transient problem with blood pressure and they're given vital fluids or another medication and their blood pressure goes back up, so this was not an unusual occurrence. If she had asked me to stop immediately, I would have finished right then and there.

Q You could have at that point finished, Doctor?

A We were almost done with the surgery basically. I think we were taking pictures or something, finishing up some more irrigation and that was all there was to do.

Q Do you now, looking back at it, contribute that blood pressure drop to anything specific?

MS. HENRY: Objection.

A Again, I don't know why he dropped his blood pressure.

Q At what point did you get any indication that there was something wrong with the patient?

A At the moment that we were planning to turn him back onto his -- from being face down to putting

him back on his back, we had completed all the dressings, we were ready to roll him over back onto his face -- back onto his back, and that's when the anesthesiologist indicated there was something wrong.

Q What did she say?

A She said, "I'm losing End-Tidal CO2."

Q Which means what?

A Which means that he's not breathing.

Q Physically where were you when this happened, when she said this?

A I was standing near the operating table to the best of my recollection on the patient's left side.

Q Left side as he's face down?

A Face down. So I was below his waist.

Q So she gave you this indication -- that is the anesthesiologist -- before anybody had begun to turn Mr. Porter over onto his back. Correct?

A Correct. In thinking about it, I may have been seated writing my orders and then got up to go to help turn him over and 1 may have been walking from the stool that was toward the back of the room or to the area that was directly near the door going back toward the patient. I

don't really recall exactly where I was standing, but during the surgery that's where I was standing.

Q What happened next?

A Well, we attempted to get him rolled back onto his back and she was having difficulty in getting his face and head released from whatever was supporting his face during the procedure in order to turn him back. And then we -- that eventually was not a problem and we were able to get him on his back. And then a code was called and the resuscitation was started.

Q You participated in moving Mr. Porter onto his back?

A Correct.

Q So you would have been standing right at the bed when he got turned over onto his back?

A Correct.

Q Did you look --

A No, not necessarily so. I was there when the code happened. When he arrested I was right there and then tried to get him over. So I could have been walking back from where 1 was sitting writing my note and then said, well, it's time to turn him over. I may have

approached there and then it happened, and I was there and tried to help move him over.

Q My question is really, When he got turned over, were you right by the patient's bed?

A That's correct.

Q So at that time that he was turned over did you look at his face?

A I was more -- I was looking at what she was doing over there, trying to get -- because we couldn't turn him over. We were trying to turn him over, but we couldn't turn him over until that, whatever, whether it was tape or there was a sponge, whatever was there had to be unhooked or whatever so that he could be turned over. so we were looking standing at the back of the table looking toward his head.

Q Looking up at Dr. Quansah who was --

A Correct.

Q -- who was trying to disconnect or -- trying to do something to get his head so it could be turned over?

A Correct.

Q All right. And then when he did get turned over, did you at that point look at his face?

A I don't remember what I saw when I looked at his

face at that time.

Q Can you tell me whether he was intubated at the time that he was turned over?

A I don't know.

Q Do you know anybody who knows one way or the other whether **he** was intubated at the time that he was turned over?

A Dr. Quansah probably knows.

Q Anybody else?

A I don't know. There were other people in the room.

Q Right.

A I don't know what they saw or what they did not see.

Q What did Dr. Quansah tell you at the time that you were trying to get this guy turned over? He's having a code and she's, you know, having some problem up there, did she say what the problem was she was having?

A I don't recall verbatim, but she did mention that **she** was having a problem disconnecting him from whatever was there supporting his face while he **was**, while the procedure was being, was going on. So I don't know what it was that was obstructing or preventing her from being able to

get his head disengaged from wherever he was.

Q What happened after you got Mr. Porter turned over?

A Well, CPR was started, and the code team arrived into the operating suite, and basically they took over the code, and code was continued for about two and a half hours probably trying to resuscitate him and many things happened during that code to try to get him back.

Q When you say that they took over, you mean the code team?

A Correct.

Q Did you sort of back out of the picture?

A Yes. I gave him some CPR to start with, and she was giving him oxygen, and I don't clearly remember exactly when the tube actually came out, but the tube came out. But at some point I looked over and the tube wasn't in him and it was an Ambu bag that was giving him oxygen.

Q You didn't see Dr. Quansah extubate him?

A I did not witness that, no.

Q So at some point while you were giving CPR, you noticed that he was extubated?

A I may have been at that point standing at the door of the room and talking to some of the

people that had come in after the code was called.

Q Okay. Once the code team took over, did you have anything further to do with Mr. Porter's care?

A No.

Q Did you stay in the operating room theater and watch the resuscitation efforts?

A Yes, I did. That may be misleading in that I did go out to talk to the family.

Q Right.

A But I was in the operating theater area. I did not leave the premises.

Q Did you see a chest x-ray done during the code?

A Yes, a chest x-ray was done during the code.

Q Why was that?

A To ascertain, number one, the position of the endotracheal tube that was reinserted, and two, to see if there was any evidence to indicate any pulmonary or cardiac problem that the patient might have had.

Q Do you know what the results of that chest x-ray were?

A At the time the people that were doing the code were concerned that he might have had a

pulmonary embolism and that he had some cardiomegaly as well, and to the best of my knowledge there was also some fluid in the right lower base that might be there. I know that the radiologist subsequently read it as not definitely showing fluid in the chest, but there was concern at the time that this did show cardiomegaly and the possible pulmonary embolism was suspected on the basis of that chest x-ray as well as of the -- I think they also did an echocardiogram or some other test that they did, which suggested the possibility of pulmonary embolism.

Q Was there also some concern that the tube itself was not advanced quite far enough?

A No. But getting the x-ray would confirm whether it was in the right position or not and that was confirmed on the x-ray.

Q Was there some indication at the time of the chest x-ray that -- a recommendation that the tube be advanced a little farther?

A Not to my knowledge.

Q I may not be reading this right, but there is a, I think an interim radiology note.

MR. TREU: A printed report

or a handwritten note?

THE WITNESS: I really cannot read what it says here.

Q Could you read that number two, Doctor?

A Distal tip nasogastric. That's not the endotracheal tube. Recommend advance the NG approximately six centimeters. But the endotracheal position, ET, is in the correct position.

Q So this relates to the nasogastric --

A Right.

Q -- tube. And the ET is indicated to be in trachea in the appropriate place?

A Yes.

Q And then later on the dictated note confirms that?

MR. SWITZER: I don't think it's in there.

A I don't see it here, but I may have a copy of it. You have a chest x-ray later. Here's the final one.

Q Now, these two, the handwritten one that you read from and then the final one that was dictated on the 17th, those relate to the position of the tube after it was, after Mr.

Porter was re-intubated?

A Correct.

Q Was a chest x-ray done to establish whether the first intubation was in the proper place?

A No.

Q Did Dr. Quansah have any problem that you noticed intubating Mr. Porter the first time?

A No.

Q There's some indication in the records about concern about a difficult intubation. Were you aware about any of that?

A That was not on that, on that surgery.

Q I know. But there's some indication in the record about possible difficult intubation.

A Yes, there's one notation in the record about possible difficulty with this patient that was mentioned on his first surgery.

Q Do you know what that relates to?

A I don't know specifically. I think he had a small chin. I'm not sure what the exact concern was.

Q Did you discuss that with any anesthesiologist?

A No, I did not.

Q You said you had a discussion with the family during this resuscitation?

A Yes, I did.

Q And who do you recall from the family being there?

A Both his father and his mother were there.

Q What did you tell them?

A I told them that he had undergone cardiac arrest and was undergoing resuscitation and that the condition was grave and that we were doing our best to save him. And I think I went back maybe twice again and kept them updated as to what the progress of the resuscitation efforts were. And when he was finally pronounced, I told them that the resuscitation efforts had ended.

Q Did you tell them what had caused this?

A I told them that we didn't really know exactly what caused it, and I told them that there was a possibility of a possible pulmonary embolism, either that or cardiac arrest or sepsis. I was not aware at the time of the report of the coroner, so we did not mention possible intra-operative, intra-abdominal bleeding.

Q As I read the records, it appears that people involved in the code -- I don't know whether it's the anesthesiologist or -- could not ventilate Mr. Porter. Is that what you

understand the records to indicate?

A For a short period of time after he was turned on his back ventilating him was difficult, but he was re-intubated. I don't know the exact length of time between turning him over on his back and when the tube was reinserted. I don't think it was a very long time. From reading the records, there is a statement indicating that there was difficulty with ventilating him.

Q Do you recall them having difficulty ventilating?

A I think Dr. Quansah may have said that, that she was having difficulty with reventilating.

Q And that would have been at the point when he was turned over from his prone position to the supine position?

A I think it was -- I don't exactly recall. My best estimate --

MR. SWITZER: Don't guess, Doctor.

A All right. I don't know.

Q Don't speculate, but if you have a best estimate, you can give me that.

MR. SWITZER: Now, wait a minute. What was the question again?

MR. **LANSDOWNE:** It relates to at what point in time the doctor recalls them having trouble ventilating him. I don't want him to speculate, but a best estimate is **a** fair question. If you have one.

A It was very close to when he was turned over, very close to **that** time.

Q Okay.

MR. **LANSDOWNE:** Can we take a little break?

THE WITNESS: Sure.

Q Doctor, at some point during the resuscitation blood was drawn from Mr. Porter?

A Yes.

Q Do you recall that?

A I think blood gases were drawn at some point. I don't recall the exact time that they were drawn, but it was during the resuscitation.

Q On one or more occasions was blood drawn for blood gas?

A 1 don't know.

Q Do you know where the blood was drawn from?

A No, I don't.

Q **Do** *you* know if there was any problem obtaining blood?

A I don't know.
Q Did you witness them having any problem obtaining the blood?
A I don't recall that there was any problem obtaining the blood.
Q Did you discuss with anyone there being a problem getting arterial blood?
A No.
Q Did you overhear anybody say anything about there being a problem getting arterial blood?
A I don't remember that.
Q Did you have another conversation with the family after telling them that Brad had expired?
A You mean on the 15th or --
Q At any time after the time --
A Yes, I had conversation with the family subsequent to the death.
Q When was that?
A Yes, I did. Mrs. Porter was interested in obtaining the medical records of Brad, and she called me to get my help in that area. And the records had to be signed by all the physicians that were associated with the case, so there was some delay in her being able to obtain the final record, and I assisted her in that regard. She

actually came to my office afterwards and from there she explained what her problem was to me in terms of medical records.,etc..,and I explained to her what the delay was in getting those records.

Q Did you have any discussion with her at that point about what had happened?

A I don't recall.

Q Any other discussions with any family members after that point?

A No. The last contact that I had with Mr. Porter was at the hospital after I informed them that his son had expired.

Q Any telephone conversations with any of the family?

A Well, to the best of my recollection, I did call Mrs. Porter back to let her know that I had gone to the medical records and asked them to expedite whatever it was that needed to be done to get the records completed and copied. And I think after I was informed that the record was available, I gave her a call to let her know that. That's my best recollection. When she came here, she did not come alone. There was another person with her.

Q Okay. Do you know who that was?
A I don't recall who it was. It was another lady.
Q When in time did you speak with the coroner?
A I don't think I actually talked with the coroner himself. I talked with someone at the coroner's office either the same day or the following morning after Brad's death, and it may have been the next morning. I'm not sure.
Q Had the autopsy been completed at that point?
A The report was not completed, but the finding of blood or fluid in the abdomen was already known at that point.
Q Did you discuss that finding with anybody, anybody in the Porters' family?
A I don't recall. I did ask the coroner whether that could have been caused in the resuscitation efforts. I don't want to say coroner because it was not the coroner, it was whoever answered the phone at the coroner's office.
Q What did they tell *you* about that?
A They didn't know the answer to that at that point.
Q Did you ever put that question to the coroner?
A Not directly, no.
Q Did you ever indirectly put it to him?

a Well, when I asked whoever it was that -- there was a physician there, I assume, who was responding on the phone -- to look into that possibility because there had been quite a fair amount of pressure applied to his chest and to his abdomen anteriorly throughout two and a half hours of constant resuscitation effort.

Q Did you go back and review the chart and try and figure out what happened with this patient?

A I requested a copy of the records of the chart and I did look at it.

Q Was the purpose to try and figure out what had happened?

A That was the main reason I'd look at it, yes, to see if there was -- what the findings were in terms of the organisms that were growing, etc.

Q What did you conclude, if anything?

A I really haven't concluded anything specifically about it, about the cause of death of Brad Porter.

Q Did you and the neurosurgeon come up with a list of possible causes of death?

A We didn't come up with a list, but we discussed different possibilities. At the time that we were discussing this, this information was not

available and subsequent --

Q "This information" being the coroner's report?

A Right, the final information concerning that. And so at that point all the information was related to what the conversations had been during the resuscitation effort at the hospital, none of which had any discussion of intra-abdominal bleed as the possible cause of death.

Q Did you discuss as a possible cause of the arrest that Mr. Porter became extubated during the procedure?

A NO.

Q Did you consider that at any time to be a possibility?

A I considered it.

Q When?

A When I was in the process of thinking about what possibly might have caused the patient to die unexpectedly in this fashion.

Q Anything in the record cause you to think about that possibility?

A Any what in the -- anything in the record?

Q Any note or any factor, any blood value, anything?

A No. I was trying to understand in my own mind what could have caused Brad Porter's death.

Q Did you ever discuss with anyone the possibility that Mr. Porter became extubated --

A No, I did not. That was just a thought that I had.

Q Do you have any criticisms of the nursing care in this case?

A No, I do not.

Q Do you have any criticisms of any other doctors who cared for Mr. Porter?

A No, 1 do not.

Q I'm sorry if you answered this at the beginning, but I can't recall and my notes didn't tell me. Did you ever ask Dr. Quansah directly whether the patient had become extubated prior to him being moved from his prone position to the supine position?

A No, I didn't. And I think the tube was still in place when he had his face down. 1 can't prove that or say that I saw the tube there, but I think the tube was still in place while he was still face down.

Q Why do you think that?

A Because I think that was part of what was

impairing her from being able to flip him over. There was a tube out of his mouth and that tube, more than likely, was coming through a holding device that was taped to his head or attached to his head in some way. And that was where the problem was. So there must have been a tube there, I would think.

Q And then when he was flipped over, you just don't know where, what position the tube was in?

A I don't know if the tube was there then or if it wasn't. I don't recall that. I know at some point later I looked over and the tube was not there and he was being Ambu bagged.

Q By Dr. Quansah?

A By Dr. Quansah.

MR. LANSDOWNE: I don't have any other questions, but I would like to see your notes.

THE WITNESS: This is the chart from the hospital and this is my office chart for Brad. He had been here one more time about two or three years ago, an old visit for his knee.

MS. HENRY: Do you mind if I go ahead?

MR. LANSDOWNE: Please.

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EXAMINATION OF MANHAL A. **GHANMA,** M.D.

BY MS. HENRY:

Q Dr. Ghanma, I want to clarify a few things here. **You** were the surgeon for both the first and second surgery?

A That's correct.

Q Am I correct that there was no problem intubating Mr. Porter at the beginning of the first surgery?

A He was not intubated on the first surgery.

Q That's right. I'm sorry. You talked about seeing something in the -- there was questions about some things in the notes about problems intubating Mr. Porter. There were no problems in the second surgery intubating him at the beginning of the surgery. Correct?

A That is correct also.

Q You were present in the operating theater at the time that the intubation took place?

A That is correct.

Q Who **assisted** in **actually turning Mr.** Porter from the prone position during the second procedure?

A Back onto his back after the surgery was

completed?

Q Yes.

A Dr. Quansah was at the head of the table. I was on one side of the patient. There was a male scrub nurse that was there. I think he was a physician's assistant, and I'm not sure if his name was Tony or not. I think his name is Tony. And there was the scrub nurse that was assisting on the case and it was a female scrub nurse.

Q So when he was actually turned over, it was done all four of you operating together in turning him over; is that right?

A Well, the three of us were trying to get him turned over, but she was trying to get his head freed from whatever was attached. And so that would have been really more of the turning over would have been our job and she would have been supporting his head.

Q Okay. And in the operating theater at that time were the four of you that you just described; is that correct?

A Yes. There may have been another person, I don't know. But at least those four people were present.

Q When you dictated your operative note it was

during the resuscitation effort?

A That was during the time the resuscitation was still ongoing Correct

Q How long after the code team arrived did you leave the operating -- actually the operating theater, but still within the suite?

A I couldn't hear that

Q You said you started CPR, the code team arrived?

A Yes

Q And you left the area where this was being --

A I was in the operating room for quite a time before I actually left

Q Okay

A And then I went to notify the family that we were having a problem. I came back again, and probably an hour or an hour and a half into this resuscitation is when I went to dictate the operative note

Q Do you know who was running the code?

A I know two or three people that were there I don't know who was the senior person Dr Salka was there. Dr. Oday was there. There was another anesthesiologist that came in I don't recall his name

Q I just want to know, who do you know who was

running the code?

A Well, there was a combination of these people deciding on what the next step should be. I don't know if there was a particular lead person that was in charge.

Q I think Dr. Salka -- is that a name that you mentioned earlier?

A He's a cardiologist, yes.

Q The cardiologist. I mean, you had a couple of names of physicians early on that I didn't, I couldn't get. You were signed onto --

A P-U-R-O-H-I-T.

Q And then the plastic surgeon that was called was Dr. --

A M-A-R-F-0-R-I. And if I'm not mistaken, there may have been two other people that were called, one of whose name is in the record, and that was Dr. Whitted, W-H-I-T-T-E-D, he's an orthopedic surgeon. And there may have been one other doctor that was called, I don't know that for a fact, but I think Dr. Darrow may also have been called.

Q You said that when you came in and examined Mr. Porter you felt that there was a good likelihood he might lose his leg and possibly his life due

to this injury and the infection; is that correct?

A Correct.

Q And you said his overall condition was severe, between severe and critical as it relates to the thigh wound alone?

A As it related to the complications that could develop from the thigh wound alone.

Q Why did you say "alone"? Were there other problems with him that made his condition critical?

A Well, he had swallowed a lot of water I think as well when he was in the lake, and if there was any other injury that he had sustained during that fall or accident, those could also had been a factor.

Q When is the last time that you saw him before you did the second surgery?

A Okay. I saw him -- do you mean by see him physically or examined him?

Q Well --

A I saw him in the hallway of the OR when I came to get changed. And I also spoke with him before he was put to sleep.

Q The last time that you had examined him was the

evening before around dinnertime; is that correct?

A That's correct.

Q And then you were called by the nurse about his blood pressure --

A No. I was called about his temperature.

Q His temperature. And there was a mention about his blood pressure?

A Correct.

Q Am I correct that you felt that these changes, that is the increased temperature and the discussion about the blood pressure, were probably related to the infection he was developing?

A That's correct.

Q It was essential that he go to the OR and be debrided at that point in time because infection was one of your concerns, if it wasn't taken care of it could cause his death; is that right?

A That's correct. Can I amplify on that?

Q Sure.

A When we undressed the wound, there was a smell coming in that area as well so I have no doubt in my mind that he needed to be taken back for that second debridement. From that standpoint,

from the condition of his thigh.

Q And you felt it was appropriate given everything you knew from the nurse about his blood pressure, his temperature, your evaluation of his overall condition, for him to go to surgery?

A Yes.

Q And general anesthetic was an appropriate anesthetic given all of those facts; is that correct?

A Yes.

Q And there was a question about if you had known about internal bleeding, assuming that occurred, that you would -- the general surgeon would have needed to use general anesthetic to remedy that problem?

A Correct. Maybe. If he had had to take him to surgery for that bleeding, then that would have happened. Occasionally there are some cases of intra-abdominal bleeding where they don't need to be operated on, and in that case, he wouldn't have had tu have done surgery.

Q Let's assume that this --

A But if he had an active bleed, then that would be the necessary anesthetic.

Q And assume that hypothetically there actually

was a laceration of the liver, that would necessitate general anesthetic to do surgery for that. Correct?

A Yes.

Q Now, you have testified that during the operative procedure Dr. Quansah told you that there was a problem with the blood pressure?

A Correct.

Q Did she tell you what the problem with the blood pressure was?

A (Witness shakes head.)

Q Did she say, "It's dropped"? What did she say?

A When there's a problem, it usually means it's dropped or --

Q And you also said that a drop in a blood pressure during a surgical procedure is not an unusual occurrence?

A That's correct.

Q Dr. Quansah, do you know what she did for him at that time?

A I don't know. I didn't know at the time what she did. I have read notes that she has written.

Q I don't want you to talk about what you've read.

A I don't know what she did.

Q You know that she did something right after --
A Correct.
Q Let me finish.
A Sorry.
Q I know you're probably getting tired. It's the end of day and we're all tired here and it's Friday, but my question is: When she told you there was a problem with the blood pressure, you knew this was not an unusual occurrence to have a problem with the blood pressure, and she did something and the blood pressure came back; is that correct?
A Well, I don't want to characterize it that way. It's unusual for an anesthesiologist to tell me there's a drop in the blood pressure. In most cases, they handle it on their own. When the anesthesiologist tells you there's a problem with the blood pressure, she's trying to get my attention about that. So it's an unusual occurrence.

It's not an unusual occurrence for the blood pressure to drop and go up and go down, as they're giving anesthesia. They don't usually tell you about that. When she told me about that, that was not a usual occurrence.

Q You had never, to your knowledge, been in the operating room with Dr. Quansah before?
A That's correct.
Q You don't know what her usual procedure is about informing a surgeon about changes; is that correct?
A Yes.
Q So when the blood pressure, when she mentioned this problem with the blood pressure, she did something and it remedied the problem with the blood pressure; is that correct?
A That's my understanding.
Q How did you get that understanding?
A I said, if you want, we can stop. And she didn't. I had asked her if she wanted me to stop right then and there, and she said no.
Q My question is: When she gave him something, she didn't say to you, oh, there's still a problem?
A No. My understanding was that the problem had been resolved.
Q All right. You were near the very end of this procedure when that occurred. Correct?
A Correct.
Q About how much time elapsed between that

discussion and when you were done with what you needed to do?

A I don't know exactly. My best estimate is ten minutes.

Q And is your testimony that he was still in the prone position when the patient stopped breathing?

A Yes.

Q Do you ever look at the monitors that the anesthesiologist is using during the procedure?

A Sometimes.

Q For example, when an anesthesiologist says to you, I'm having a problem with the blood pressure, do you look and see, is there anything that shows you what the problem is?

A The only time that I would look -- and I haven't done this kind of surgery recently -- is with back surgery because when they're flat on their back and you want to turn them over, I do look at the monitor and make sure their blood pressure is very stable before they do that, basically for spinal surgery. I don't recall looking at the monitors in this case.

Q Okay. And I am correct that you don't have -- I'm not talking about an estimate -- you cannot

tell us how long it took to disengage the head and get the patient turned over; is that right?

A That's correct.

Q And you also cannot tell us at what point in time the Ambu bag was being used and there was no tube in; is that correct?

A Well, what was the question?

Q You cannot tell us what time the tube was not in place and the Ambu bag was being used; is that correct?

A Yes, I cannot tell you exactly.

Q And you have no idea how long the tube was out?

A That is correct.

Q When Mrs. Porter asked you about the medical records that she wanted, did she say why she wanted them?

A When she left here, she was clear that she was going to be suing everybody involved inch-ding myself.

Q When you say "when she left here," was that the night her son died?

A No, this was when she came later for the records.

Q How long after --

A It was probably within a couple of days.

Q Okay. That's all.
A Well, it was a weekend, so she came on a weekday, so Saturday was when he died, Sunday she wasn't here.
Q Monday?
A It could have been Monday or Tuesday when she came.

MS. HENRY: That's all. Thanks.

MR. TREU: Doctor, I just have a couple quick questions.

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EXAMINATION OF MANHAL A. GHANMA, M.D.

BY MR. TREU:

Q Hypothetically, if Mr. Porter experienced, was experiencing an internal bleed from a liver laceration from the time that he came into the emergency room at the hospital up until the date of that second surgical debridement, would you expect to have seen a rigid abdomen in the patient with those, with that occurring?
A Yes.
Q Would you expect to see some abdominal distension?
A Yes.

Q Okay.
A So that's a possibility, and there could have been a very slow bleed.
Q Okay.
A That could not have been detected by anyone.
Q But does it indicate that Mr. Porter complained of any pain when his --
A No.
Q -- abdomen was palpated?
A It indicates that he did not complain of any abdominal pain.
Q Is the same true of the notations for the three to eleven-thirty shift on July 14th in terms of the findings?
A Yes.
Q Of a soft, nondistended, nontender abdomen?
A Yes.
Q And, again, also on July 15th, eleven to seven-thirty shift, also indicate a soft nondistended, nontender abdomen?
A That is correct.
Q Would those findings give you any reason to suspect an ongoing abdominal bleed?
A No, they would not.

MR. TREU: That's all I

have. Thanks.

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FURTHER EXAMINATION OF MANHAL A. GHANMA, M.D.

BY MR. LANSDOWNE:

Q Doctor, when Mrs. Porter told you that she was going to be pursuing a lawsuit, did she discuss with you why she was going to be doing that?

A Not exactly. She was very upset that her son had died, and she didn't give any specific reason, no.

Q Did she tell you whether she had spoken with the coroner?

a Not to my knowledge. I don't recall.

Q Do you recall anything else about that conversation with her that you haven't told us?

A She told me that -- I don't think she had any hostility or animosity toward me, but she said that my name would come out. That's what she said. I think she was happy with what I had done for her and the work that I had done, but she said, your name is going to come out because she was going to list everybody that was there. And that is how she voiced it to me.

Q What did you respond?

A What could I say?

Q I don't know. I don't know, what did you say?
A I had spoken with her before. I was heartbroken when I told her about her son's death. It's very difficult to tell somebody that their son had died, and so I was emotional at the time in the hospital and am still emotional about it, and so there's nothing I can say.
Q When you spoke with the person from risk management during the time that I guess resuscitation was still going on, right?
A Yes.
Q That was before you dictated your operative note?
A I don't know.
Q You don't remember whether it was before or after?
A Yeah, I don't remember. But it was within the latter part of the resuscitation. This resuscitation went on for two and a half hours, and it's hard to remember exactly when I spoke with her and said what.
a Is that the last discussion you had with risk management about this case?
A I think so. I don't recall talking to her afterwards. Yes, I don't have any recollection

of speaking with them afterwards. The only people that I spoke to subsequent about this case were the medical records people in terms of getting the chart taken care of.

Q Have you asked any doctor to review the chart yourself?

A No, I have not.

Q Through your, not through your counsel, but yourself.

A No, I have not.

Q Were you present when Dr. Quansah made the addendum to her anesthesia note?

A By "present" do you mean did I see her writing that note?

Q Yes.

A No.

Q Do you know when she did make that note?

A I think it was still in and around the time of Brad's death, in other words, that morning.

Q And that was after she had spoken with the person from risk management?

A I think the answer to that question is yes.

Q Okay.

A I was not present for the conversation between the risk manager and Dr. Quansah, so -- but I

assume that the answer is yes.

MR. TREU: What was the question?

THE WITNESS: He had asked me whether I had -- whether I knew when Dr. Quansah wrote her note. There's an addendum in the chart and whether it was after the risk manager had spoken with her or not, and the answer to that question is -- after thinking about it, the answer is yes.

Q Did the risk manager tell you why she was questioning the endotracheal tube coming out?

A That wasn't what she was questioning. She wanted to have an x-ray done of the original tube before that first tube was taken out.

Q It was too late for that, wasn't it? Wasn't this tube already out when she was having this discussion with you?

A Yes.

Q What do you mean then she wanted an x-ray taken of the first tube placement?

A What do I mean? That was part of the conversation with her, that was her concern, the risk manager's concern.

Q That there was no x-ray to document this?

A Right.
Q That's what she expressed to you?
A Yes.
Q Did she say why she was concerned about that?
A Apparently, there had been a previous malpractice case there, and that was what her concern was about. I don't know the specifics of that case.
Q This was all information you got in this discussion with the risk manager during the resuscitation itself?
A Right. I have never had a conversation with her subsequent to that.
Q Any other concerns that she expressed to you in this conversation?
A She wanted to know when the tube came out the first time, and I really didn't know.
Q So you just told her, I don't know. Corre'ct?
A I told her, I don't know exactly when it came out, but at some point I looked over and I saw there was no tube. But I don't know exactly when in the sequence, in the time sequence.

MR. LANSDOWNE: That's all I have. Here's your records back.

MR. SWITZER: We're done.

We'll read it.

(Signature was not waived.)

THE STATE OF OHIO,) SS: CERTIFICATE
COUNTY OF CUYAHOGA.)

I, Tracy L. Barker, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within-named witness, Manhal A. Ghanma, M.D., was 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 him was by me reduced to stenotypy in the presence of said witness, afterwards transcribed on a computer/printer, and that the foregoing is a true and correct transcript of the testimony so given by him, as aforesaid.

I do further certify that this deposition was taken at the time and place in the foregoing caption specified.

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 Cleveland, Ohio, on this 16th day of September 1996.

Tracy L. Barker

Tracy L. Barker, Notary Public
within and for the State of Ohio
My Commission expires May 23, 2000.

THE STATE OF _____)
) SS:
COUNTY OF _____)

Before me, a Notary Public in and for said state and county, personally appeared the above-named Manhal A. Ghanma, M.D., who acknowledged that he did sign the foregoing transcript and that the same is a true and correct transcript of the testimony so given.

IN TESTIMONY WHEREOF, I have hereunto affixed my name and official seal at _____, this _____ day of _____, 1996.

_____
MANHAL A. GHANMA, M.D.

_____
Notary Public

My Commission expires: _____

E R R A T A S H E E T

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September 17, 1996

Donald H. Switzer, Esq.
Jacobson, Maynard, Tuschman & Kalur
1001 Lakeside Avenue
Suite 1600
Cleveland, Ohio 44114-1192

Re: Hubert Porter, et al. vs.
Manhal A. Ghanma, M.D., et al.

Dear Mr. Switzer:

Please be advised that the transcribed deposition of Manhal A. Ghanma, M.D., taken August 23, 1996, requires the deponent's review and signature.

Please have the deponent read your copy and make corrections only on the Errata Sheet attached at the end of the transcript by signifying page and line number to be corrected.

Return the corrections to me, and I will supply the other attorneys with copies of the same.

Sincerely,

Tracy L. Barker

TLB:lmp

cc: Dennis R. Lansdowne, Esq.
Deirdre G. Henry, Esq.
Kris H. Treu, Esq.