

The State of Ohio,       )  
County of Lorain.       )       SS:

IN THE COURT OF COMMON PLEAS

HERBERT PORTER, Administrator of )  
the Estate of BRAD PORTER,        )  
Deceased,                            )  
                                      )  
          Plaintiff,                    )  
                                      )  
          vs.                            ) Case No. 96 CV 115689  
                                      )  
MANHAL A. GHANMA, M.D., et al,    )  
                                      )  
          Defendants.                    )

- - - - -  
THE DEPOSITION OF MANHAL A. GHANMA, M.D.  
TAKEN TUESDAY, SEPTEMBER 2, 1997  
- - - - -

The deposition of MANHAL A. GHANMA, M.D.,  
called by the Plaintiff for examination, pursuant to  
the Ohio Rules of Civil Procedure, taken before me, the  
undersigned, Judith Ann Trebus, a Registered  
Professional Reporter and Notary Public in and for the  
State of Ohio, taken at the offices of Manhal A  
Ghanma, 125 East Broad Street, Suite 320, Elyria, Ohio,  
commencing at 1:15 p.m., the day and date above set  
forth.

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APPEARANCES:

On behalf of the Plaintiffs:

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Cleveland, Ohio 44114-3400

On behalf of the Defendant Dr. Ghanma:

Donald H. Switzer, Attorney at Law  
Jacobson, Maynard, Tuschman & Kalur  
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On behalf of the Defendant Dr. Quansah:

Deirdre G. Henry, Attorney at Law  
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On behalf of Defendant St Joseph Regional  
Health Center:

Susan R. Massey, Attorney at Law  
Arter & Hadden  
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1 MANHAL A. GHANMA, M.D.  
2 of lawful age, called by the Plaintiff for examination,  
3 pursuant to the Ohio Rules of Civil Procedure, having  
4 been first duly sworn, as hereinafter certified, was  
5 examined and testified as follows:

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

7 BY MR. LANSLOPINE:

8 Q Dr. Ghanma, just for the record, could you state  
9 your name again, please.

10 A My name is Manhal Ghanma.

11 Q Doctor, as you recall, we took your deposition  
12 sometime ago relating to the events leading to  
13 the death of Brad Porter. And I'm here to  
14 follow up on some information that we did not  
15 have at the time that we took your deposition  
16 the first time. Do you understand that's the  
17 purpose of us being here again today?

18 A Yes, I do.

19 Q Can I ask you what you have seen regarding this  
20 case since the last deposition so I can know  
21 what areas I can inquire about?

22 MR. SWITZER: Well, wait a  
23 minute. I'll tell you what areas you can  
24 inquire about. It's the photographs. That's  
25 it.

1 MR. LANSDOWNE: I want to know  
2 whether he's seen the photographs or not.

3 Q Have you seen the photographs?

4 A Yes, I have.

5 Q Have you seen Dr. Quansah's deposition relating  
6 to the photographs?

7 A No.

8 Q When did you first see the photographs? We'll  
9 identify them by exhibit number at some point  
10 later.

11 A Today; I did receive one photograph before from  
12 my attorney. But the rest of them I saw today.

13 Q Approximately when did you see the one other  
14 photograph before today?

15 A Probably --

16 MR. SWITZER: I can give you  
17 an approximate time. Whenever you asked for his  
18 deposition, I sent him the photographs.

19 MR. LANSDOWNE: I really am just  
20 interested.

21 Q Up until your attorney provided you with one of  
22 the **photos**, say within the past couple months,  
23 few months, had you ever seen these photographs  
24 before?

25 A No, I had not.

1 Q Did you know they existed before a couple months  
2 ago?

3 A I knew that the risk manager had taken a picture  
4 of the machine, of the anesthesia machine. But  
5 I didn't know whether the films came out or what  
6 she had done.

7 Q How did you know that she had taken a picture of  
8 the anesthesia machine?

9 A Because I saw her.

10 Q That's Madelyn Anderson you're talking about?

11 A I don't know her name.

12 Q You saw her take one photograph?

13 A I think she may have taken a couple of  
14 photographs and my -- well, yes, I saw her take  
15 a couple. I didn't see her take more than the  
16 one or two pictures.

17 Q Had you ever asked to see them before?

18 A No.

19 Q Did **you** ask her why she was taking those  
20 photographs?

21 MS. MASSEY: Objection.

22 A I didn't ask her why.

23 Q Did she tell you why?

24 MS. MASSEY: Objection.

25 MR. SWITZER: You can answer.

1 A Yes.

2 Q What did she tell you?

3 A She told me that there had been a previous case  
4 that had occurred and that she wanted to make  
5 sure that everything was documented properly.  
6 So my understanding was that **she** wanted to  
7 document what she could.

8 Q Did you have any other discussion with her about  
9 these photographs?

10 A No.

11 Q What I would like to do, Doctor, is **ask** you to  
12 look at a photograph, then I'm going to ask you  
13 about some of the values that are displayed on  
14 the anesthesia machinery.

15 This has previously been marked 2-E,  
16 Anderson, Plaintiff's Exhibit.

17 Would you take a look at that, Doctor?

18 MS. HENRY: Let me ask you  
19 what that is?

20 MR. LANSDOWNE: 2-E starts off  
21 at 9:12.

22 Q Let me ask you first, Doctor, are you familiar  
23 with these, this equipment and this display?

24 A Not really. But I'm familiar with the meaning  
25 of the numbers.

1 Q Okay. You're familiar with those values.

2 I take it during the procedure you were  
3 not looking at the values displayed on that  
4 machine yourself, correct?

5 A That's correct.

6 Q That is something that **is** done by the  
7 anesthesiologist?

8 A I don't know the answer to that because I think  
9 this machine may be on the other side of where  
10 she is. I don't know if this is the actual  
11 machine that she's looking at. There may be  
12 another machine and another smaller blood  
13 pressure and heart monitor that she's looking  
14 at. I don't know if she was looking at this or  
15 not.

16 Q All right. Well, with regard to the Exhibit  
17 2-E, at 9:12 there's recorded a blood pressure  
18 of 67 over 46. Do you see that?

19 A Yes, I do.

20 Q That would have been before the time that you  
21 actually started your surgery, is that right?

22 A That's correct.

23 Q Have you had a chance, by the way, to go back  
24 and look at your operative report and the  
25 anesthesia record recently?

1       A       Just briefly this morning. And not the  
2               anesthesia record, but just my operative report  
3               and my discharge summary.

4       Q       In any event, this recording at 9:12, **do** you  
5               know if you would have been in the operating  
6               room at that time?

7       A       Probably.

8       Q       Why do you say that?

9       A       Well, he was brought in -- Mr. Porter was  
10              brought in, I was speaking to him at the time.  
11              I don't **know** whether he was hooked up to this  
12              machine then or later. I went to prepare and  
13              scrub my hands. So at some point I left the  
14              room to scrub. But I was in the vicinity of the  
15              operating room at the time. Either in or in the  
16              scrub area.

17      Q       Were you aware at around 9:12 that he'd had this  
18              blood pressure reading of 67 over 46?

19      A       No, I was not aware.

20                      MS. HENRY:                      Pardon?

21                      THE WITNESS:                     I was not aware.

22      Q       At the start of your procedure what, if  
23              anything, had you been told about the blood  
24              pressures up to that point?

25      A       Nothing. Until -- when you say -- are you



1 asking from the surgical team that was there?

2 Or from before?

3 Q From -- well, let's start with the surgical team  
4 that was there.

5 A No.

6 Q You were told nothing?

7 A No. Yes, I was told nothing.

8 Q And by "the surgical team," you include the  
9 anesthesiologist?

10 A Correct. Everybody that was in the room around  
11 that time.

12 a Had something been told to you about the blood  
13 pressures before?

14 A That morning when the temperature -- I got a  
15 phone call and I talked with the lady about the  
16 temperature, the nurse about the temperature,  
17 she also mentioned his blood pressure was on the  
18 lower side, but it was in the neighborhood of, I  
19 think, 110 over 60, something in that  
20 neighborhood at that time.

21 Q Was that the **last** knowledge you had about the  
22 blood pressure --

23 A That **is** correct.

24 Q -- up until the time of the procedure?

25 A That's correct.

1 Q In terms of maintaining the blood pressure, is  
2 that the responsibility of the anesthesiologist  
3 during the procedure?

4 A Yes.

5 Q And you have to rely upon the anesthesiologist  
6 to let you know if there's **a problem** maintaining  
7 the pressure?

8 A That's true.

9 Q And if there is a problem with the pressure, the  
10 anesthesiologist is supposed **to** let you know  
11 that?

12 MS. HENRY: Objection.

13 A That's a difficult question to answer. It  
14 depends on the magnitude of the problem. If  
15 it's a small problem, very often they don't tell  
16 you and things go on. If it's a major problem,  
17 then the answer is yes.

18 Q What about this reading of 67 over 46? Is that  
19 something that you should have been made aware  
20 of prior to your surgery?

21 A Yes.

22 Q Why?

23 A If the pressure is too low, I would not  
24 recommend putting a patient to sleep at that  
25 particular time.

1 Q Had you been made aware **of** this pressure of 67  
2 over 46 at 9:12, what would you have done?

3 A I would have paused to reconsider as to why his  
4 blood pressure was that low, since my last  
5 information was that his blood pressure was in  
6 the 110 over 60 range, which I expected in light  
7 of his temperature and possibility of sepsis  
8 being -- having developed. That really wasn't  
9 too alarming to me, as far as the drop in blood  
10 pressure from, say, 110 over 70 to 110 over 60.  
11 That's still within relatively normal range, but  
12 not shock.

13 And so I would have had to reassess as to  
14 why his blood pressure was that low.

15 Q And one of the things that you would have  
16 assessed was whether to proceed with the  
17 surgery?

18 A Correct.

19 Q You're aware that patients, some patients have a  
20 drop in blood pressure post-induction?

21 A That's true.

22 Q That comes back up within a very short time  
23 thereafter?

24 A That's true.

25 Q Dr. Quansah testified that she initially

1 attributed this drop in pressure, the 67 over  
2 46, to induction. Were you aware of that?

3 A No.

4 MR. SWITZER: Aware of what?

5 MR. LANSLOWNE: That she had  
6 attributed that drop to induction.

7 Q Following through on Exhibit 2-E, at 9:17 --  
8 well, let me just ask you this.

9 The periods of time that are displayed on  
10 Exhibit 2-E and the pressures that are shown  
11 there, were you aware of the patient's pressure  
12 readings during that period of time?

13 A No, I was not.

14 Q How would you describe that, those readings, or  
15 his pressure during that time?

16 A I don't understand your question. What do you  
17 want me to say?

18 Q How would you characterize his blood press'ure  
19 from 9:17 through -- I don't know what the last  
20 time is on 2-E there.

21 A Nine forty something. 9:43.

22 Q -- 9:43?

23 A Well, they were consistently low and on certain  
24 ones of them the diastolic appears to be down in  
25 the 36 in a couple of those. And then it goes

1 back up to 40 as far as the diastolic goes. And  
2 his systolic was 90, 80, 86, 90, in that range.

3 Q These are lower than what you had been advised  
4 of prior to surgery, correct?

5 A That's correct.

6 Q Were you aware that during the time of these  
7 readings that you're looking at on 2-E  
8 Dr. Ghanma was giving phenylephrine?

9 MR. SWITZER: You don't mean  
10 Ghanma.

11 A I'm sorry. I apologize, Doctor.

12 A That's fine.

13 Q Were you aware during the time that the low  
14 blood pressures that are displayed on 2-E were  
15 occurring, Dr. Quansah was giving phenylephrine  
16 to maintain the blood pressure?

17 A I was not aware during that time that these  
18 readings were taken that she was doing that.

19 Q Were you aware during that time how much  
20 phenylephrine she was giving?

21 A No.

22 Q Should the surgeon have been advised after this  
23 one reading of 67 over 46 of these pressures  
24 that are displayed on Exhibit 2-E?

25 MR. SWITZER: Objection.

1 MS. HENRY: Objection.

2 A Could you rephrase that question or explain it a  
3 little bit better than --

4 Q You'd already indicated that you should have  
5 been advised of the 9:12 reading of 67 over 46,  
6 correct? --

7 A Correct.

8 a I take it if you had been advised of that and  
9 you decided to go forward with the procedure,  
10 you'd have said, Keep me advised of what his  
11 pressure is during this procedure, correct?

12 MS. HENRY: Objection.

13 A I think that's conjectural. I don't know what 1  
14 would have told her.

15 Q Okay.

16 A I would have liked to know what the blood  
17 pressures were if they were low.

18 Q Well, looking at the low pressures that are  
19 displayed on 2-E, should you have been made  
20 aware of those pressures?

21 MS. HENRY: Objection.

22 A I think if there were just a couple of them that  
23 were low, the answer would be probably not.

24 Forgetting about the first 9:12 blood pressure.

25 If it had dropped to 90 over 36 on one occasion

1 or couple occasions, then went back up again, I  
2 don't see that there's a problem with that.  
3 Major problem. There's a problem, but it's not  
4 a critical problem.

5 The fact is that they stayed low, and I  
6 think I should have been told about it.

7 Q And the fact that they stayed low after being  
8 given phenylephrine, you should have been made  
9 aware of that, shouldn't you, Doctor?

10 MS. HENRY: Objection.

11 A I agree.

12 Q And if you had been made aware of these  
13 continuous low pressures in the face of multiple  
14 doses of phenylephrine, what would you have  
15 done?

16 MR. SWITZER: Objection.  
17 You're asking him just based strictly on these  
18 snapshot readings in this photograph?

19 MR. LANSDOWNE: That's all we  
20 have.

21 MS. HENRY: You have the  
22 anesthesia record, too.

23 MR. SWITZER: Okay.

24 Do you remember the question?

25 THE WITNESS: Well, no, I

1 don't, but go ahead.

2 MR. SWITZER: Why don't you  
3 read it back.

4 MR. LANSDOWNE: Read **it** back.

5 (Record read)

6 MS. HENRY: Objection.

7 A I would probably have recommended that we stop  
8 the procedure right then.

9 Q At what point?

10 A I would say any time the pressure, the diastolic  
11 pressure, was below 40 would have been **a** good  
12 time to stop.

13 Q 9:17?

14 A I don't know if the procedure had started at  
15 that time or not. That may have been even  
16 before the surgery, I'm not sure.

17 Q Well, if you had known before the -- why don't  
18 we see if we can find out exactly what time the  
19 procedure started. I think we talked about this  
20 before.

21 Can you identify that **in** the records,  
22 Doctor?

23 A I'm looking. I haven't seen it yet.

24 Q Anesthesia record says 0935.

25 A Right. So then --



1 Q And I think there's also a -- on the report of  
2 operation that is signed by you it's 0940. Do  
3 you just want to check those to see if I've got  
4 the same thing, Doctor?

5 May I, Don? I'm just going to show him.

6 This is the report of operation,

7 A Yes. The nurse put that in, I put this in.  
8 Yes, she put the signs in and about that time.

9 Q So between 9:35 and 9:40 can we agree that's  
10 probably when the surgery started?

11 A Correct.

12 Q So these readings at 9:17, 9:23, 9:27, 9:34, and  
13 9:37 -- well, up through 9:34 probably would  
14 have been before you even started the surgery.

15 A Correct.

16 Q Had you been aware of those readings, would you  
17 most probably have elected not to begin the  
18 procedure?

19 MS. HENRY: Objection.

20 A I think I've already stated that before,

21 Q Before we were talking about you said you would  
22 have stopped the procedure at that time if it  
23 was going. Now I think we've established that  
24 these readings of 9:17, 9:23, 9:27 and 9:34 were  
25 probably before the surgery started, correct?

1       **A**       We agreed on that.

2       **Q**       So that had you been aware of these readings,  
3               you probably would not have even started the  
4               procedure.

5       **A**       Correct. And I said that. I've already said  
6               that before when I answered your question  
7               relating to the 9:12 --

8       **Q**       I see.

9       **A**       -- measurements.

10      **Q**       I see.

11               Look at 2-B, Doctor. This also starts at  
12               9:12 and goes through 9:49.

13               This is again Madelyn Anderson, Exhibit  
14               2-B. And essentially the same display as 2-E,  
15               although it goes another reading farther to  
16               9:49. Do you see that, Doctor?

17      **A**       Yeah. 9:45, I think.

18      **Q**       Oh, is that what it is?

19               And then if we look at 2-C, it starts out  
20               at 9:52. You can see that the blood pressures  
21               remain low throughout that period, correct,  
22               Doctor?

23      **a**       That's correct.

24      **Q**       Did you want to add something?

25      **A**       Yes. The -- on this picture that you showed

1 me --

2 Q which one?

3 A -- the 2-B, on the top line it says 9:45, on the  
4 line below it says 9:49.

5 Q Right. Yes. Thank you.

6 Again, up through approximately ten  
7 o'clock did Dr. Quansah give you any information  
8 about Mr. Porter's blood pressure?

9 A No.

10 Q During the time period that is displayed in  
11 Exhibits 2-B and 2-C, Mr. Porter was receiving  
12 phenylephrine. I'm going to ask you to accept  
13 that. I know you didn't know that at the time,  
14 correct?

15 A Correct.

16 Q But the records show that and Dr. Quansah has  
17 confirmed that.

18 And would you agree that based upon 'those  
19 readings, he was not getting any significant  
20 response to the phenylephrine?

21 MS. HENRY: Objection.

22 A I don't know that that statement is true. He  
23 may have been getting a response, but even with  
24 that response, his blood pressure is still on  
25 the low side.

1 Q That's really what I'm getting to. If his  
2 pressures are what is displayed on 2-B and 2-C  
3 with phenylephrine, that's certainly something  
4 to be concerned about, isn't it?

5 A I agree.

6 Q And certainly something that you as a surgeon  
7 would have wanted to know about.

8 A That's correct.

9 In your question you mentioned 2-B and  
10 2-C. Toward the end of those, toward the end of  
11 2-C the blood pressure is higher. On the  
12 readings taken on that 10:11 and another  
13 possible -- well, I can't see the last one, but  
14 on 10:11 it did go up.

15 Q Is that the 180 reading?

16 A That's correct.

17 Q Okay. That was after a dosage of epinephrine.

18 A Correct.

19 Q You know that.

20 A I knew she gave him some medication at that  
21 point when she mentioned that his blood pressure  
22 was not right.

23 Q Now, at ten o'clock there's another fairly low  
24 drop there that's displayed on the exhibit, I  
25 think it's 2-C, right?

1 A 2-c.

2 Q What's the reading there?

3 A The one reading is 62, the other is 56.

4 Q And the times on those?

5 A 10:01.

6 Q And Dr. Quansah did tell **you about this** pressure  
7 drop, correct?

8 A I think that's the one that she mentioned to me.

9 Q All right.

10 A Around that time in the procedure she did  
11 mention that his blood pressure had dropped.

12 Q When she told you that, did she tell you what  
13 his pressure had been up until that drop?

14 A I don't recall. I don't remember that she did.

15 Q Did she tell you that, at the time of that drop,  
16 that she was administering a third dose of  
17 phenylephrine?

18 A I don't recall.

19 Q You don't recall whether she did, or **you** don't  
20 recall that she did?

21 A I don't recall whether she told me that she was  
22 giving it or whether she did give a third dose.  
23 I don't know. There was a conversation between  
24 us at that time. And I don't recall what she  
25 said about his blood pressure before that,

1 whether she had mentioned that it was low or  
2 not I don't remember

3 Q Did she tell you that she had also been giving  
4 fluid in an effort to maintain his blood  
5 pressure?

6 A I don't remember.

7 Q We've already discussed, Doctor, that earlier in  
8 the procedure, or even before the procedure  
9 started, if you had seen told about the blood  
10 pressure readings, you would have not started  
11 the procedure and you would have stopped it when  
12 you got those readings, correct?

13 A Correct

14 Q No. if at ten o'clock when she told you about  
15 this stop in pressure, had she told you about  
16 the previous low pressures and told you about  
17 the phenylephrine, would you at ten o'clock have  
18 stopped the procedure?

19 A I specifically asked her whether she should stop  
20 the procedure Basically that's in her hands to  
21 control as far as the blood pressure goes And  
22 I specifically asked her whether she should stop  
23 then or not and how comfortable was she with the  
24 proceeding I told her there was nothing that I  
25 was doing at the thigh area that would have

1           caused his pressure to drop during the  
2           procedure.

3                       Sometimes you will get drops from blood  
4           loss at the operative site. And I explained to  
5           her that there was nothing that would explain  
6           the drop in blood pressure from what I could see  
7           in front of me, and I asked her whether we  
8           should continue or not and she said I'll give  
9           him something and you go ahead. So that's what  
10          happened.

11       Q       All right. But --

12       A       I wasn't made aware of all the details of all  
13               those individual blood pressures that you  
14               mentioned to me. And the question was, Do we  
15               stop or do we continue? And she said go ahead.

16       Q       Well, had she told you not only that he had this  
17               one isolated blood pressure drop but that the  
18               blood pressure had been what you can see it had  
19               been during the procedure, you would have made  
20               the decision yourself to stop the procedure at  
21               that point, correct?

22       A       That's correct. I wasn't aware that this was  
23               that severe a drop at that time that she spoke  
24               to me; that it had been going on for that --  
25               from the induction all the way through until she

1           mentioned it to me. **So my** knowledge then was  
2           that he had had a sudden transient drop in his  
3           pressure at that time, and that's what I was  
4           working **on**.

5       Q       Doctor, the code in this case was called at  
6           approximately 10:28. **Do you** recall that from  
7           your records?

8       A       Yes.

9       Q       Looking at Exhibit **2-A**, if you'd look at the  
10          time for 10:21 and you see the pressure recorded  
11          at **10:21**?

12      A       Uh-huh.

13      Q       **You** have to answer --

14      A       Yes. Yes, I do.

15      Q       What **is** that reading?

16      A       55 over 37.

17      Q       Were you made aware of that reading at 10:21?

18      A       I don't remember. We were moving to end the  
19          procedure basically as quickly as we could after  
20          she had mentioned it to me at the initial, back  
21          around ten o'clock. And **so** I don't know if she  
22          mentioned to me that his blood pressure was low  
23          then or not. I don't recall that information.

24               If anything had been mentioned, it was in  
25          the -- while we were, I think, in the process of



1 bandaging his leg. We were already done with  
2 the operative part of the procedure, **so** --

3 MR. LANSDOWNE: I don't have any  
4 other questions.

5 EXAMINATION OF MANHAL GHANMA, M.D.

6 BY MS. HENRY:

7 Q Dr. Ghanma, you indicated that the nurse talked  
8 to you sometime during the night, I think,  
9 before the surgery?

10 A In the early morning I said.

11 Q Early morning. Okay. And she called you to  
12 tell you that his temperature had increased and  
13 his blood pressure had gone down, is that  
14 correct?

15 A Mainly I think she was concerned about the  
16 temperature. And there was a mention that his  
17 blood pressure had dropped slightly.

18 Q And you attributed the increased temperature to  
19 the infection that he had in his thigh?

20 A That's a tough question because I don't know  
21 that we've established that he had infection in  
22 his thigh at the time. But yes, I thought it  
23 was in relation to possible early infection in  
24 the thigh area.

25 Q Why were you going to debride him the second

1 time?

2 MR. LANSDOWNE: I'm going to  
3 object to this as being beyond the scope of what  
4 the deposition is supposed to cover.

5 MS. HENRY: You started to  
6 ask him about the information ~~he~~ got about the  
7 blood pressure. This is just -- now he says he  
8 doesn't know what it's due to and he's  
9 previously testified that he felt, his concern  
10 was, his patient was septic because of the blood  
11 pressure and temperature.

12 MR. LANSDOWNE: My questions  
13 related to the blood pressure which relates to  
14 the photographs. You're going on --

15 MS. HENRY: I'm getting to  
16 the blood pressure if you let me.

17 MR. LANSDQWNE: -- to something  
18 very different.

19 MR. SWITZER: Just say what he  
20 said in the first deposition and just take it  
21 from there.

22 BY MS. HENRY:

23 Q What did you feel the drop in the temperature  
24 was due to?

25 A I felt that he was developing infection. I

1 don't know that we established that he had an  
2 infection.

3 Q You were concerned that he was septic?

4 A Right.

5 Q And did **you** consider that the drop in blood  
6 pressure was due **to** that?

7 A Combination of possible early sepsis, he was  
8 also receiving medication for pain. That could  
9 have dropped his blood pressure as well.

10 Q Okay.

11 Now, you indicated that those photographs  
12 were photographs of -- do you know what the name  
13 of the machine is that those photographs were  
14 taken?

15 A No, I don't.

16 Q Do you know anything about how that machine  
17 operates?

18 A No, I don't.

19 Q Do you know **about** how frequently it takes a  
20 blood pressure --

21 A No, I don't.

22 Q -- or temperature or anything?

23 A No, I do not.

24 **a** There is a monitor that the anesthesiologist  
25 monitors and watches which is different than

1           this monitor, correct?

2       A       There is another monitor there, yes.

3       Q       It is right where they are operating their  
4           equipment, correct?

5       A       Correct.

6       Q       If you had been told at the time that you were  
7           going to start surgery that the blood pressure  
8           was 81 over 43 and that she had given this  
9           patient phenylephrine, would you have started  
10          the surgery?

11      A       The 81 over 43 was after the phenylephrine?

12      Q       Yes.

13      A       No.

14      Q       Why not?

15      A       Because to get him to that point, it **would** have  
16           probably been lower than that. **So** once she  
17           gives him the phenylephrine, that would have  
18           raised him. **So** he probably would have been  
19           lower than the 81 over 43. He could have been  
20           70 over 35 or even lower.

21      Q       So the blood pressure reading after being given  
22           the phenylephrine of 81 over 43 you would not  
23           have found to be acceptable to start a surgery  
24           in this gentleman.

25      A       It would have been marginal.

1 Q Would you or would you not have started the  
2 surgery?

3 MR. LANSDOWNE: Asked and  
4 answered. Objection.

5 MR. SWITZER: Go ahead.

6 Q Related to that information.

7 A I would have conferred with her and asked her if  
8 she felt it was okay to go ahead. There was an  
9 urgent need to debride the knee, so that was  
10 present. The question was whether -- how low  
11 did the blood pressure drop and how long would  
12 it stay low after induction of anesthesia.

13 Q If he had at 9:43 a blood pressure of 81 over  
14 43, would that have been acceptable, given his  
15 urgent need for surgery?

16 A 81 over 43 was one reading with phenylephrine?

17 Q Even if he had been given phenylephrine prior to  
18 that to get it to 81 over 40 and then those  
19 readings occurred.

20 A I wouldn't go that far. If he had spontaneously  
21 had those readings, the answer is yes.

22 Q Well, let's assume that he had been given the  
23 phenylephrine. At 9:43 his blood pressure is 81  
24 over 43, at 9:49 it's 93 over 40 and at --

25 A Can you **slow** down? Those times are important.

1 Q Okay. If at 9:43 it's 81 -- having been given  
2 phenylephrine.

3 A Okay.

4 Q If at 9:43 it's 81 over 43, 93 over 40 at 9:49,  
5 and 9:52 it's 97 over 37, 9:58 it's 94 over 41,  
6 keeping in mind that he had been given  
7 phenylephrine, would that have been -- would you  
8 have conducted surgery and kept going with  
9 surgery at that point?

10 MR. LANSDOWNE: Objection.  
11 You're saying phenylephrine. I think in  
12 fairness you have to tell the Doctor how much  
13 phenylephrine. Isn't that important?

14 MS. HENRY: Well, you didn't  
15 ask him how much phenylephrine.

16 MR. LANSDOWNE: I at least told  
17 him how many doses.

18 MR. SWITZER: Well, if he  
19 needs to know.

20 A What I don't understand, are you asking them all  
21 of them combined? Or each individual reading?

22 Q Well, you said you would have consulted  
23 Dr. Quansah, I think at some point, okay? Now,  
24 let's say at 9:43, having been given  
25 phenylephrine, it's 81 over 43. The next

1 reading is 93 over 40 at 9:49. Bearing in mind  
2 that he had been given phenylephrine.

3 A We had already started the surgery. Is that  
4 what you're saying?

5 Q Yes. Would you have continued the surgery?

6 A Probably. He had already been given the  
7 anesthetic and then it would -- the hope would  
8 be to get as much benefit from that anesthetic  
9 as we could.

10 Q Once you give the anesthetic, you want to do as  
11 much of the procedure as you can in a case where  
12 you feel there's an urgent need to --

13 A Correct.

14 Q -- do the procedure because if you stop the  
15 procedure, what happens if you stop in the  
16 middle of it and **you** haven't completed it?

17 A Well, what you were trying to get accomplished  
18 wouldn't get accomplished. We were pretty well  
19 at the point where we could have stopped about  
20 ten to 10:05, something in that neighborhood.  
21 Although I'd like to clarify, my response is  
22 that if any time the blood pressure was deemed  
23 to be critical, I would have stopped the  
24 procedure.

25 Q Assuming that the blood pressure was 90 over 39,

1           having been given phenylephrine at 9:37, and  
2           then it's 81 over 43 at 9:43, then it's 93 over  
3           40 at 9:49, you would have continued the  
4           surgery, would you not?

5       A     Not with the phenylephrine. That's an important  
6           aspect for me. If he needed that to keep his  
7           blood pressure that low, then he was in pretty  
8           bad shape.

9       Q     Okay. So what you're saying then, just so I  
10          have it clear, is that if these readings -- if  
11          you knew these readings that we've just  
12          discussed and you had known that he had been  
13          given phenylephrine and then those were the  
14          readings, you would not have started the  
15          surgery.

16      A     I probably would not have started surgery,  
17          that's correct.

18      Q     And if you had started the surgery, would you  
19          have continued the surgery?

20      A     As long as his blood pressure, if it had already  
21          been given, was 90 over 40 or more, then I would  
22          have continued and finished it off, if that's  
23          where it stayed.

24      Q     For you, once the surgery starts and he was  
25          given phenylephrine, as long as the blood



1           pressure is in the range of 90 over 40, you  
2           would have continued.

3       A       Yes. Given his condition at the time.

4       Q       I think you said that had you had these  
5           readings, you would have, I think you said,  
6           reassessed -- let me be sure I have this right.  
7           You would have reassessed why the blood pressure  
8           was at that level.

9       A       Correct.

10      Q       You've had a chance to look at the records. You  
11           know the information in the chart. Let's assume  
12           now that you had been given that information and  
13           you were reassessing what was causing the blood  
14           pressure to be at that level. What is your  
15           opinion as to what was the cause of it being  
16           there?

17      A       Well, as I mentioned before, I thought that  
18           his -- at that point I didn't know that his  
19           blood pressure was that low. My understanding  
20           was that it was in the range of 110 over 60.

21      Q       No, Doctor, I'm just asking you this  
22           hypothetical.

23      A       Yeah.

24      Q       So let's start over.

25                   You were asked to look at various readings

1           that were contained on these photographs. And  
2           you said if you had been told of the blood  
3           pressures on Exhibit 2-E, that you would have  
4           reassessed what the cause was of his blood  
5           pressure being at that level.

6           Now I'm asking you to assume that you had  
7           been given that. You know, let's just assume  
8           that you were aware of that information and  
9           you're aware of what's in the chart. In  
10          reassessing the cause of the blood pressure  
11          being low, what do you believe was the cause of  
12          that blood pressure being low?

13                   MR. SWITZER:           I thought he  
14           said that he would ask the anesthesiologist,  
15           too.

16                   MS. HENRY:           No. I think he  
17           said he would need to reassess.

18                   MR. SWITZER:           Okay. We can  
19           ask him your question. That's fine, if that's  
20           what he said.

21   Q           Had you been made aware of the blood pressure,  
22           your testimony was I would have reconsidered why  
23           the blood pressure was so low. Correct?

24   A           Correct.

25   Q           And you would have been qualified as a physician

1 to make that decision or reconsideration as to  
2 why it was so low, correct?

3 A To some extent, yes.

4 Q Well, given the information that you have in the  
5 chart about Mr. Porter's condition, what do you  
6 believe was the **cause** of the blood pressure  
7 being that low?

8 A I think it was a combination of factors. One  
9 was his impending sepsis. One was the fact that  
10 he was given medication for pain. And a third  
11 reason was that he had sustained blood loss  
12 during the initial incident. And those were the  
13 three factors that would come into play that I'm  
14 aware of.

15 Q The pain medication that he was given that  
16 dropped his blood pressure was what?

17 A I don't recall. If I'm not mistaken, he might  
18 have been on a PCA pump, I'm not sure. But it  
19 was medication for pain.

20 Q How much blood loss did he have during the first  
21 procedure?

22 A During the first procedure I don't recall the  
23 exact information on that. I have to refresh my  
24 memory. Because there's a form that we fill out  
25 that states that.

1 Q As I recall, and I may be wrong but Don will  
2 correct me, I'm sure, I think your testimony in  
3 the first deposition was that your estimated  
4 blood loss in the operation was, quotes, "nil,  
5 fifty to a hundred cc's." That's not much of a  
6 blood loss.

7 A During the operation, no. But he was in the  
8 water before then and may have had blood loss  
9 before that with a big open wound.

10 Q So do you know how much blood loss he had at the  
11 time of the first procedure?

12 A I don't think it's possible to determine that.

13 Q What would you have done had you not decided to  
14 do surgery on Mr. Porter as it relates to his  
15 impending sepsis?

16 A I don't think that he would have not had  
17 surgery. He would eventually had to have  
18 surgery. That debridement had to be done sooner  
19 or later.

20 But it would have been important at that  
21 point to find out why his blood pressure was  
22 low. And the hemoglobin and hematocrit would  
23 have been helpful. Arterial blood gases would  
24 have been helpful. Other evaluations might have  
25 been helpful as well.

1 Q Arterial blood gases, hemoglobin, hematocrit.  
2 What else? Did you say one more thing? I'm  
3 sorry.

4 THE WITNESS: Did I say one  
5 more thing?

6 MR. LANSDOWNE: I don't think he  
7 did.

8 MS. HENRY: Okay.

9 Q And given his impending sepsis, how soon would  
10 he have needed to have surgery?

11 A As soon as those investigations had been  
12 completed and any cause for the blood pressure  
13 drop had been evaluated and treated.

14 Q Well, after the initial surgery -- I think we  
15 talked about the hemoglobin and hematocrit that  
16 was in the chart earlier in the first  
17 deposition. I think you said that the  
18 hemoglobin of 13.5 and hematocrit of 38.2 were  
19 in the acceptable range, given the injury he'd  
20 had. They were on the underside of low.

21 MR. LANSDOWNE: I again object.

22 MR. SWITZER: Wait, wait.

23 MS. HENRY: Not critically  
24 low, but on the underside of low.

25 MR. SWITZER: You're going

1 back to the first deposition. We're sticking  
2 with the photographs.

3 MS. HENRY: All these  
4 questions relate to his testimony that I would  
5 have not done surgery at that point, I would  
6 have, you know, done some other tests, but he  
7 needed surgery eventually. So I want to find  
8 out, you know, what benefit the hemoglobin and  
9 hematocrit would have been in this particular  
10 case.

11 THE WITNESS: Is that a  
12 question?

13 MR. SWITZER: I'm not sure.

14 MS. HENRY: So I'm just  
15 telling you why I'm doing --

16 MR. SWITZER: Yes. But what  
17 does that have to do with the photograph?

18 MS. HENRY: This all came  
19 out of his testimony that he wouldn't have done  
20 the surgery then, but he would have done it  
21 eventually. That all came out of the  
22 questioning about the photographs.

23 MR. SWITZER: I agree. I  
24 agree.

25 MS. HENRY: I was just

1 following up on that question. That hasn't  
2 been --

3 MR. SWITZER: What does that  
4 have to do with the hemoglobin and hematocrit  
5 two days earlier?

6 MS. HENRY: He said he would  
7 have gotten a hemoglobin and hematocrit. I want  
8 to know what he would have considered, what he  
9 saw in this patient that would have caused a  
10 change in the hemoglobin and hematocrit.

11 MR. SWITZER: He didn't say  
12 there would have been a change.

13 MS. HENRY: He said he would  
14 have gotten one, so I want to know what he  
15 expected to be different about it.

16 MR. LANSLOWNE: How could he  
17 know that?

18 Q Given what you know about this patient, had you  
19 gotten a hemoglobin and hematocrit on the day  
20 that this surgery was going to proceed, what  
21 would you have expected it to have demonstrated?

22 A I don't know the answer to what would it have  
23 been. I can give the answer, If it was this,  
24 what would you have done? I have no way of  
25 knowing what --

1 Q Well, between the previous hemoglobin and  
2 hematocrit results and the hemoglobin and  
3 hematocrit on the 17th -- or on the date of the  
4 surgery, which was July 15, '95, what was going  
5 on with him, Mr. Porter, that would have caused  
6 there to have been a change in the hemoglobin  
7 and hematocrit?

8 A We don't know that there was a change to start  
9 with.

10 Q Okay. So if there wasn't a change, you would  
11 have gotten it for what purpose?

12 A If his hemoglobin was five or six gram percent,  
13 that would have given me an explanation as to  
14 why his blood pressure was low. If it was still  
15 ten or 11, it wouldn't have helped me at all.  
16 So depending on the result of that test, there  
17 would have been some benefit one way or the  
18 other.

19 Q Okay.

20 A So that's the answer to the question.

21 Q And the arterial blood gas?

22 A If he had a pulm embolism or if he had some  
23 other problem with his lungs, that would have  
24 helped, you know, evaluate that.

25 Q What would you have expected Dr. Quansah --



1 specifically, what would you have expected  
2 Dr. Quansah to tell you about Mr. Porter, given  
3 the photographs that you reviewed?

4 A I would have expected her to tell me if the  
5 blood pressure was below 90 over 40. I think if  
6 it was anything above that, then that sort of  
7 goes with his injuries and his situation. But  
8 if his blood pressure dropped below 90 over 40,  
9 I think. I should have been told about that.

10 Q Okay.

11 The code was called -- there was an  
12 indication the code was called at 10:28. Do you  
13 know specifically what time the code was called?

14 A No, I do not.

15 Q Do you know what that time was based on, whether  
16 it was a clock in the OR, whether it was  
17 someone's watch? Do you have any idea?

18 A I don't know -- I don't know how that came  
19 about, no.

20 Q Okay. And the photographs that we have been  
21 looking at today, you never saw those before  
22 your deposition, first deposition?

23 A These photographs, no, I never saw before.

24 Q You saw Madelyn Anderson take one or two  
25 photographs, is that correct?

1 A Right. I don't remember whether I saw them as  
2 to what they said or not. I don't remem<sup>ber</sup>  
3 that. But I saw her takin<sup>g</sup> the photograph.

4 Q What kind of camera was **she** using?

5 A I don't recall.

6 Q Do *you* know what **she was** takin<sup>g</sup> photographs of?

7 A All I recollect was that she took the photograph  
8 of the monitor that was on the left-hand side of  
9 the patient when you're facing the back wall  
10 where Dr. Quansah would be standing.

11 Q And that's a different monitor than the one that  
12 Dr. Quansah looks at, or the same one?

13 A There may be more than that. I think there's a  
14 small monitor as well on -- I don't want to get  
15 confusing here, but if you're looking at it from  
16 the foot of the bed toward where the  
17 anesthesiologist is, there's a monitor on the  
18 left.

19 I recall her taking pictures of that.  
20 There are some other monitors on the right-hand  
21 side from that perspective which are smaller.  
22 I don't recall how many were there or what the  
23 number or what kind they were.

24 Q Was there anyone else present in the room when  
25 these photos were being taken, do you recall?

1  
1 A These were taken in full public view. Everybody  
2 was there.  
3 Q Okay. Shortly after the code?  
4 A I think it was during the code and before  
5 everything was finished. I don't know that she  
6 took them later or **not**.  
7 Q I'm sorry. I meant after the code had been  
8 called off.  
9 A That's correct. She wasn't there before then.  
10 No. After the code was called off, I  
11 don't know. Because the code was going on for  
12 about two hours. And at some point she came and  
13 took some pictures. She may have taken them  
14 after everything was done, I don't know.  
15 Q okay.  
16 A But the ones that I saw were during that period  
17 of time between 10:30 and twelve o'clock. I  
18 don't know what she did after that time.  
19 MS. HENRY: All right.  
20 That's all.  
21 EXAMINATION OF MANHAL GHANMA, M.D.  
22 BY MR. LANSLOWNE:  
23 Q Doctor, let me just follow up. efor  
24 Are there two sets of photographs? Before  
25 you said something about --  
you said something about --

1 MS. HENRY: Just to confuse  
2 you even more.

3 Q No. It was just the way you answered a question  
4 before. You said I've never seen "these  
5 photographs." Were there other photographs?

6 A There are a couple of photographs -- I've never  
7 seen anything until I was informed by my  
8 attorney about them. But there were a couple of  
9 photographs I think that were blurry, that  
10 didn't show anything. And there may have been a  
11 second set taken at some other time.

12 So I don't know if the photographs that  
13 you're showing me are the ones that she took  
14 when I was watching what she was doing. These  
15 could have been taken at a later time.

16 Q And your recollection is that Ms. Anderson was  
17 taking these photographs while the code was  
18 still going on?

19 A Probably, yes. And maybe an hour into it. I'm  
20 not sure exactly. She'll have to tell you when  
21 she took them. But I do recall that while I was  
22 there, she did take a couple pictures. And I  
23 don't remember seeing what was on them.

24 Q Just so we're clear about this, when you said  
25 that a pressure of 90 over 40 would be

1 consistent with Mr. Porter's injuries, that  
2 would be 90 over 40 not being propped up with  
3 phenylephrine, right?

4 A Correct.

5 Q So when you were being asked about continuing  
6 the procedure at readings of 93 over 40, 81 over  
7 43, 97 over 37, you would have to find out  
8 whether phenylephrine was being given before you  
9 would be able to decide whether you would  
10 continue with the procedure, correct?

11 MR. SWITZER: Let me just  
12 object. He didn't say that earlier. You're  
13 talking about after the surgery started?

14 MR. LANSDOWNE: Right.

15 Q After the surgery started, you were asked about  
16 some readings at 81 over 43, 93 over 40, 97 over  
17 37. Do you recall that series of questions?

18 A Yes.

19 MR. SWITZER: He testified he<sup>ie</sup>  
20 would have continued the surgery even if the  
21 patient had been propped.

22 MR. LANSDOWNE: That's what I  
23 want to ask him and follow up on. It seemed to  
24 me he might have gone back and forth.

25 Q If -- well, first of all, we wouldn't have

1           gotten to that point because you wouldn't have  
2           started the procedure in the first place had you  
3           known about the blood pressure readings before  
4           you started the surgery, correct?

5       A       That's correct.

6       Q       Assuming somehow the **surgery got started** and you  
7           got these readings, **81 over 43, 93 over 40, 97**  
8           over 37, and the patient had been given two  
9           doses of phenylephrine at that time, would you  
10          have wanted more information than just how much  
11          phenylephrine he had been given before **you** made  
12          a decision to continue?

13      A       I would like to know what his blood pressure had  
14          dropped to, what was the lowest blood pressure  
15          that **was** there. That's what I would have wanted  
16          to know. Before the phenylephrine was given.  
17          That's what I would want to know, what was his  
18          bottom, where was he bottoming out at.

19      Q       Right. Had you been told that it had been **81**  
20          over **43, 93 over 40, 97 over 37 --**

21      A       But that's with the phenylephrine.

22      Q       Right, that's with the phenylephrine.

23      A       **Correct.**

24      Q       So?

25      A       **So** what I'm saying, I would have liked to know

1           what it is before the phenylephrine to know  
2           where we were starting from and where we were  
3           heading to, okay?

4       Q       And would **you** also have liked to know whether  
5           the patient is getting fluid? Doesn't that  
6           affect the --

7       A       That's correct. You see, when she mentioned  
8           that there was a problem with his blood pressure  
9           was at about a few minutes after ten o'clock.  
10          That's when she gave him fluid and she gave him  
11          some other medication to bring him up. And he  
12          came up to what was it, 180 over a hundred or  
13          something? And I assumed that she had corrected  
14          the problem and that we were okay. So that's  
15          what happened.

16               When she told me that, I said, "Shall we  
17               continue **or** not?"

18               She said, "Let me do what I can," And  
19               then she said, "Go ahead,"

20               So she gave him whatever she gave him, his  
21          blood pressure came back up, and we continued  
22          doing what we were doing. So that's -- that's  
23          what happened.

24       Q       But I want to focus on prior to this **drop** at ten  
25          o'clock. If you had had the information about

1           these blood pressures, you would have wanted a  
2           full range of information about what was going  
3           on with that patient, wouldn't you, in terms of  
4           fluids, the anesthesia itself, correct?

5       A     That's true. But the question -- the only  
6           decision I could make was either to continue the  
7           surgery or to stop it. So my area was not to  
8           give him fluids, not to do any of that stuff.  
9           My decision was to continue what I'm doing or  
10          was it unsafe to continue?

11                 That's the information I need to have  
12           given to me so that I can make a decision that's  
13           reasonable. And **so** nothing was said before, and  
14           at the time that the drop in blood pressure was  
15           brought to my attention, as it did drop, that's  
16           when the question was "Shall we continue or  
17           stop?"

18                 Those are the only two things I can do.  
19           And that's where we were. So the answer then  
20           was continue, and so we continued.

21                 It was a momentary thing where the blood  
22           pressure had dropped and tidal CO2 had dropped  
23           somewhat at that point, and it came back up and  
24           the blood pressure came back up and the patient  
25           was in better shape from the point of his vital



1       A       We had mentioned that before, that you will get  
2               a transient drop in the blood pressure once the  
3               induction is started or if any medicines have  
4               been given to relax the patient.

5       Q       I know that we talked before, you know, at the  
6               last deposition, that this was, you know, a  
7               shocking event to have happen, something that  
8               was unexpected to you at the time.

9               And having now looked at the information,  
10              the blood pressures before the procedure even  
11              started such that you have concluded that you  
12              wouldn't have started the procedure had you been  
13              aware of this information, is it fair to say  
14              that if you had not started this procedure and  
15              had you been able to do the investigation that  
16              you wanted to before going forward with the  
17              procedure, isn't it likely that Mr. Porter would  
18              be alive?

19                               MS. HENRY:               Objection.

20                               MR. SWITZER:            Objection.

21               That's going clearly beyond the photographs now.

22                               MR. LANSLOWNE:       Well, I think  
23               it's not because, you know, his decision about  
24               the surgery itself relates to the information  
25               that he was shown on the photographs.

1 MR. SWITZER: And?

2 MR. LANSDOWNE: And his decision  
3 not to go forward, I think, relates to the  
4 ultimate outcome.

5 MR. SWITZER: But it's also  
6 based on other information that he and I have  
7 discussed and I have sent him throughout the  
8 life of this litigation after your deposition.  
9 Which I don't know if he can weed that out.

10 MR. LANSDOWNE: Well, whatever.

11 MS. HENRY: He's also said  
12 he doesn't know what these other tests would  
13 have shown, so he doesn't know what --

14 MR. SWITZER: What was the  
15 question?

16 MR. LANSDOWNE: The question is,  
17 isn't it likely that had you been given the  
18 information that you now have been able to see,  
19 and you would have not gone forward with the  
20 surgery, isn't it likely that he would have  
21 survived?

22 MS. MASSEY: Objection.

23 MS. HENRY: Objection.

24 A I can't say that. I can't say that. No, we  
25 don't know what caused his death at this point.

1 I don't know what caused his death. And if he  
2 died from a pulmonary embolism, nothing would  
3 have changed that. If he had endotoxic shock  
4 and died, that wouldn't have been changed by  
5 anything that I could have done at that point.

6 So -- and there may be other things that  
7 might have caused his death that I don't know  
8 about. So I can't -- I can't say that that's a  
9 fact.

10 Q But the reason you would not have -- I'm sorry.

11 A Or more likely than not.

12 Q Right, right.

13 But the reason you would not have gone  
14 forward with the surgery would be because of the  
15 risk presented to somebody with that low of a  
16 pressure undergoing surgery, correct?

17 MS. HENRY: Objection. It  
18 is --

19 A That's partly correct. If he had no other  
20 reason except the impending sepsis for his drop  
21 in blood pressure, then the only thing that was  
22 going to save him would be to do the surgery to  
23 get rid of the infection. That's the only other  
24 thing that could be done at that point.

25 So he would have required that to be

debrided no matter what. And when we did open  
the dressing, there was a foul odor there that  
was present. So -- and his cultures did grow,  
grow organisms. So if he were not to die from  
sepsis, he needed the operation.  
At the earliest possible time.

7 That doesn't mean to say that if there  
8 were reversible causes for his drop in blood  
9 pressure, that they shouldn't have been  
10 corrected. So it would have delayed it for a  
11  
12 short time but not for very long. We're talking  
same day, if not a few hours later.

13 Q I assume that if you had delayed the surgery and  
14 determined that sepsis was impending, that that  
15 was one of the or a primary reason for the blood  
16 pressure drop, some further precautions would  
17 have been made about maintaining the pressure  
18 through the procedure, wouldn't they?

20 MS. HENRY: objection.  
A I can't fault what the anesthesiologist did in  
21 terms of maintaining the pressure.  
22 I think she  
did what she had to do.  
23 So I don't know what  
further she could have done.

24 Q I'm not saying what she did during that  
25 procedure. I'm saying if you had had the

1 opportunity to delay the procedure, do the test<sup>4</sup>  
2 that you wanted to do, get the information that<sup>3</sup>  
3 you wanted, and then you determined that sepsis  
4 was a primary cause of the pressure, then you  
5 would have -- knowing going into that surgery  
6 that that pressure **was** going to be a problem, I  
7 assume you would have had other means to prepare  
8 for that, maintaining that pressure.

9 A There isn't much that you can do. You can give  
10 them fluids and then antibiotics. He was  
11 already on antibiotics. And then what you have  
12 to do is debride the area. That was the only  
13 thing that would bring it back **up** to normal, is  
14 getting rid of the infective source. **So** they  
15 could maintain a low blood pressure no matter  
16 what you do until you go in and clean it out  
17 again.

18 MR. LANSDOWNE: Okay. Thank  
19 you, Doctor.

20 THE WITNESS: Thank you.

21 MR. SWITZER: Okay. I guess  
22 we're done.

23 - - - - -  
24  
25

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

3 I, Judith Ann Trebus, a Notary Public within and  
4 for the State of Ohio, duly commissioned and qualified,  
5 do hereby certify that the within-named witness,  
6 Manhal Ghanma, **M.D.**, was first duly sworn to testify  
7 the truth, the whole truth and nothing but the  
8 truth in the cause aforesaid; that the testimony then  
9 given by him was by me reduced to stenotypy in the  
10 presence of said witness, afterwards transcribed on a  
11 computer/printer, and that the foregoing is a true and  
12 correct transcript of the testimony so given by him, as  
13 aforesaid.

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

17 I do further certify that I am not a  
18 relative, counsel or attorney of either party, or  
19 otherwise interested in the event of this action.

20 IN WITNESS WHEREOF, I have hereunto set my hand  
21 and affixed my seal of office at Cleveland, Ohio, on  
22 this 10<sup>th</sup> day of September 1997.

23 judith Ann Trebus  
24 Judith Ann Trebus, Notary Public  
25 within and for the State of Ohio  
My Commission expires November 30, 2000.

1 THE STATE OF \_\_\_\_\_ )  
 2 COUNTY OF \_\_\_\_\_ ) SS:

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

9 IN TESTIMONY WHEREOF, I have hereunto affixed my  
 10 name and official seal at \_\_\_\_\_,  
 11 this \_\_\_\_\_ day of \_\_\_\_\_, 1997.

12 \_\_\_\_\_  
 13 Manhal Ghanma, M.D.

14 \_\_\_\_\_  
 15 Notary Public

16 My Commission expires: \_\_\_\_\_  
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