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

IN THE COURT OF COMMON PLEAS

BARBARA ROBERTSON,

Plaintiff,

vs.

THOMAS INDRESANO, M.D.,  
et al.,

Defendants.

Case No.  
110464

- - -

Deposition of THOMAS INDRESANO, M.D., a  
Defendant herein, taken by the Plaintiff as if  
upon cross-examination before Aneta I. Fine, a  
Registered Professional Reporter and Notary Public  
within and for the State of Ohio, at the offices  
of Charles Kampinski Co., L.P.A., 1560 Standard  
Building, Cleveland, Ohio, on Tuesday, the 3rd day  
of March, 1987, commencing at 2:00 p.m., pursuant  
to notice.

- - -



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APPEARANCES:

Charles Kampinski Co., L.P.A., by:  
Christopher M. Mellino, Esq.,

On behalf of the Plaintiff.

Reminger & Reminger Co., L.P.A., by:  
Stephen D. Walters, Esq.,

On behalf of Thomas Indresano, M.D.

Cuyahoga County Hospital System, by:  
Joan Tomusko, Esq.,

On behalf of Cleveland Metropolitan  
General Hospital.

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STIPULATIONS

It is stipulated by and between counsel  
for the respective parties that this deposition  
may be taken in stenotypy by Aneta I. Fine; that  
her stenotype notes may be subsequently  
transcribed in the absence of the witness; and  
that all requirements of the Ohio Rules of Civil  
Procedure with regard to notice of time and place  
of taking this deposition are waived.

- - -

1                   THOMAS INDRESANO, M.D.,  
2     the Defendant herein, called by the Plaintiff for  
3     the purpose of cross-examination as provided by  
4     the Ohio Rules of Civil Procedure, being by me  
5     first duly sworn, as hereinafter certified,  
6     deposes and says as follows:

7                   CROSS-EXAMINATION

8     BY MR. MELLINO:

9           Q.     Could you state your full name and  
10    address for the record, please?

11          A.     Albert Thomas Indresano, 31214 Roxbury  
12    Park Drive, Bay Village, Ohio, 44140.

13          Q.     Okay. Dr. Indresano, I'm going to be  
14    asking you a series of questions this afternoon.  
15    If at any time you don't hear me or don't  
16    understand my question, please ask me to repeat it  
17    or rephrase it and I will be happy to do so. The  
18    only other ground rules are that all your answers  
19    have to be verbal as the court reporter can't take  
20    down a nod of the head.

21          A.     I understand.

22          Q.     Could you briefly run me through your  
23    educational background?

24          A.     Where would you like me to start?

25          Q.     High school?

1           A.     I went to Boston Latin School in Boston,  
2           Massachusetts. I then went to Boston University  
3           where I got a Bachelor of Arts degree. I then  
4           went to Harvard Dental School where I received a  
5           D.M.D. in 1971. I then went to Vanderbilt  
6           University for my oral and maxillofacial surgery  
7           residency.

8           Q.     And what year did you complete that?

9           A.     1974.

10          Q.     Okay. What year did you graduate from  
11          Boston University?

12          A.     1967.

13          Q.     Okay. And that completes your education?

14          A.     Yes.

15          Q.     Okay. What about your work background?

16          A.     I have been in full-time academic  
17          practice since residency. I was first at the  
18          University of Illinois from 1974 to 1976 where I  
19          was assistant professor of oral and maxillofacial  
20          surgery. From 1976 until 1983 I was assistant and  
21          then associate professor of surgery at the  
22          University of Chicago. From 1983 until present, I  
23          have been at Cleveland Metropolitan General  
24          Hospital. My title is director of oral and  
25          maxillofacial surgery.

1 Q. Are you an employee of Cleveland Metro?

2 A. I am.

3 Q. What are the duties of your job there?

4 A. I am director of the clinical department.

5 I am program director of the residency program. I  
6 do some research and I treat patients.

7 Q. How much of your time is devoted to  
8 treating patients?

9 A. About 40 percent.

10 Q. Okay. Had Barbara Robertson been a  
11 patient of yours prior to March 29, 1985?

12 A. May I refer to my record?

13 Q. Sure.

14 A. Yes.

15 Q. When was that?

16 A. I saw her on November 5, 1984.

17 Q. Okay. And what kind of treatment did  
18 you give her at that time?

19 A. I extracted two teeth for her.

20 Q. Which teeth were they?

21 A. Tooth No. 20 which was a root tip and  
22 teeth No. 29, or tooth No. 29.

23 Q. Okay. Where would those be?

24 A. They were both on the lower jaw. One  
25 would be on the right side and one would be on the

1 left side.

2 Q. Okay. 20 would be on the left side?

3 A. Yes.

4 Q. Okay. Is that all the treatment you  
5 gave her at that time?

6 A. I saw her again for a post-operative  
7 visit which was probably a day or so after that or  
8 a week after that. On November 9 I saw her. She  
9 was healing normally. That's the last time I saw  
10 her previous to the 29th.

11 Q. Did you know her prior to this November  
12 5 treatment?

13 A. Yes. She worked in the operating room  
14 at Cleveland Metropolitan General Hospital.

15 Q. Did you work with her?

16 A. On occasion.

17 Q. Is that the reason that she came to you,  
18 if you know?

19 A. I believe so.

20 Q. Okay. You saw her again on March 29,  
21 1985?

22 A. Yes.

23 Q. Correct. Why don't you tell me how that  
24 came about?

25 A. She was not on my schedule for that day

1       that I knew about. I was in the operating room  
2       and I came upstairs to start my clinic patients  
3       and was told that she was there waiting to be seen,  
4       and that she had had her appropriate laboratory  
5       work done for a general anesthetic and that she  
6       was planning on having a tooth removed under  
7       general anesthesia that morning. I talked with  
8       her and she --

9           Q.     Let me just interrupt you for a minute.

10          A.     Yes.

11          Q.     About what time of day are we talking  
12       about?

13          A.     It's around 9:00 I would say, 9 a.m.

14          Q.     Okay. Sorry to interrupt you. Continue.

15          A.     Okay. I talked with her about what she  
16       wanted to have done and I was able to do that in  
17       the morning, so we went ahead and did it.

18          Q.     Okay. What did she tell you she wanted  
19       done?

20          A.     She told me that her dentist had started  
21       to do a root canal treatment on her molar tooth.  
22       I asked her which molar tooth and she pointed to  
23       two teeth on the lower left side.

24                 I then quizzed her further as to which  
25       tooth was the one that needed to be extracted.

1 She told me that it was the one that the root  
2 canal had been started on and not completed.

3 When I examined her, she had a root tip  
4 in her mouth, that is, the crown of the tooth was  
5 missing. One root of the tooth had an endodontic  
6 filling, that is, a root canal filling in it. The  
7 other root of the tooth had no filling in it. The  
8 second tooth was a complete tooth and had an  
9 amalgam filling in it.

10 Q. I'm sorry to interrupt you again. This  
11 is from x-rays you looked at?

12 A. No, this was clinical exam. I then took  
13 an x-ray.

14 Q. Okay.

15 A. And the x-ray confirmed my clinical  
16 examination that one tooth looked to me as though  
17 it was a perfectly normal tooth, it had some  
18 problems with it, it had some periodontal problems  
19 with it but given the extent of her mouth which  
20 was not in really good repair, it looked as though  
21 it was the healthier of the two teeth.

22 It had no evidence of a root canal  
23 treatment, it had a permanent filling which is not  
24 something one would do after initiating a root  
25 canal that was not successful.



1           Q.     Wait a minute. I thought you just told  
2 me that the one tooth had root canal filling in  
3 one part of it.

4           A.     Right. I'm talking about the other  
5 tooth. I'm talking about what I thought was tooth  
6 No. 18 which her dentist was now calling tooth No.  
7 17. Looked like a normal tooth with nothing  
8 having been done to it. What I thought was a  
9 drifted forward tooth No. 19, which her dentist is  
10 now calling tooth No. 18, had what I considered to  
11 be a partially completed root canal and there was  
12 very little of the tooth left, a small amount of  
13 root.

14                     In my mind given her history and my  
15 examination, that was the tooth that needed to be  
16 extracted and I had no question about that. I  
17 then went ahead, put her to sleep and took the  
18 tooth out.

19           Q.     Okay. Now, you are saying that tooth  
20 No. 17 which you thought was tooth No. 18 didn't  
21 have any root canal?

22           A.     (Indicating).

23                     MS. TOMUSKO: You have to answer  
24 outloud.

25           A.     Nothing. Yes, there was no evidence of

1 a root canal.

2 Q. Okay. And that tooth No. 19 -- tooth  
3 No. 18 which you thought was 19?

4 A. Had half a root canal in it and half not  
5 in it.

6 Q. But it also had a filling in it?

7 A. No. It had nothing. There was no crown.  
8 It was only a root tip.

9 Q. What does that mean, it was only a root  
10 tip?

11 A. Half a tooth.

12 Q. Okay.

13 A. The other was a complete tooth with a  
14 permanent filling and no evidence of a root canal.

15 Q. This is 17 which you thought was 18?

16 A. Right.

17 Q. Was a complete tooth?

18 A. No evidence of a root canal.

19 Q. Okay. What would cause tooth No. 18 to  
20 be a root tip?

21 A. The crown either was taken off or broke  
22 off or I don't know. I never saw a crown on it,  
23 it was just a root tip.

24 Q. Okay. After you took the x-ray did you  
25 talk to Barbara again?

1           A.     I did. And I told her that I saw where  
2     the root canal was done and I saw the tooth that  
3     needed to come out. So I was convinced that I  
4     knew which tooth needed to come out and I guess  
5     she was convinced also.

6           Q.     She was convinced that you knew or --

7           A.     The proper tooth, sure.

8           Q.     Okay. And then anesthesia was  
9     administered and you took the tooth out?

10          A.     Right. And I took the tooth out.

11          Q.     Why don't you just tell me what happened  
12     after that.

13          A.     I wrote a normal note which explained  
14     what I did and I went on to treat other patients.  
15     Sometime, maybe three quarters of an hour after  
16     that when she was awakening from the anesthetic I  
17     went in to see how she was doing. And then as I --  
18     and I went off to see some other patients. And  
19     then as she was more awake she, I believe, told  
20     the nurse that I took out the wrong tooth.

21          Q.     Okay.

22          A.     Then I went in and talked with her. The  
23     nurse came and told me. I went in and talked with  
24     her and explained to her that I couldn't believe  
25     that she was right and that maybe it was the

1       waking up or the anesthetic and we'll let her wake  
2       up a little bit more and when she was fully awake --  
3       because people with an anesthetic can sometimes  
4       say all kinds of things that are crazy and let her  
5       wake up a little bit more and I would talk with  
6       her.

7               When she was awake and I was sure she  
8       knew what she was talking about, I sat down and  
9       talked with her, and then she told me she thought  
10      it was the last tooth in her mouth that should  
11      come out, which she hadn't told me before when I  
12      quizzed her which tooth, which tooth. She didn't.

13             Then I went immediately and called her  
14      dentist, Dr. Kelly, explained to him what was done  
15      over the phone. He said oh, God, I should have  
16      sent you a note. I explained what I had done.  
17      And he said okay, we can use the other tooth,  
18      don't worry about it. I said I can't imagine that  
19      you started a root canal in the back tooth because  
20      I couldn't see anything there. He never answered  
21      that.

22             But with my conversation with him it was  
23      my understanding that it wouldn't alter the  
24      treatment plan that much. I went back in and  
25      talked to Barbara and explained to her that I had

1 talked to her dentist, that he could continue on  
2 with the treatment plan, and as far as I could see  
3 she was probably better off having that other root  
4 tip removed than what looked to me as to be a  
5 normal reasonable healthy tooth.

6 She seemed okay with that and we  
7 discharged her as we normally do with a person,  
8 responsible adult, and that's the last time I saw  
9 her as a patient or talked to her about the tooth  
10 extraction.

11 Q. Okay. Why didn't you call Dr. Kelly  
12 prior to pulling the tooth?

13 A. I felt that with my conversation with  
14 Barbara and after making the examination and  
15 taking the x-ray that there was no question in my  
16 mind which tooth needed to come out. If I had --  
17 that's all right.

18 Q. When Barbara told you that she needed a  
19 tooth pulled did you understand that she was  
20 talking about a specific tooth or did you think  
21 she was leaving it up to your judgment to pull one  
22 of them?

23 A. No. I believed that she was talking  
24 about a specific tooth.

25 Q. Okay.

1           A.     But my experience with Barbara in the  
2 past had been that she sometimes was not willing  
3 to give a lot of information.

4           Q.     What does that mean?

5           A.     The last time I asked her which teeth  
6 needed to come out -- excuse me. I don't normally  
7 use this language, she said, "You're the fucking  
8 dentist, you tell me."

9           Q.     But you understood on this occasion that  
10 she had wanted a specific tooth to be pulled?

11          A.     Yes.

12          Q.     Okay. These teeth, 17 and 18, are on  
13 the lower left side of her mouth, right?

14          A.     Yes.

15          Q.     How many molars did she have back there?

16          A.     Two.

17          Q.     Just these two?

18          A.     Yes. One complete tooth and one piece  
19 of a tooth.

20          Q.     Okay. But 17 and 18?

21          A.     Well -- again my thought was 18 and 19.

22          Q.     All right. But the two teeth --

23          A.     It's very difficult to tell when there  
24 is so many teeth missing and they have moved  
25 around.

1           Q.     But the only teeth there are the ones we  
2           were talking about?

3           A.     Right.

4                   MR. WALTERS:     I think we can  
5           stipulate they were adjacent teeth in the lower  
6           left jaw.

7           Q.     When you two were discussing this were  
8           you the only two in the room?

9                   MR. WALTERS:     Discussing what?

10          Q.     When you had the conversation about --  
11          let's start with the initial conversation that she  
12          said she wanted a tooth pulled.

13          A.     I don't know.

14          Q.     How about the conversation after you had  
15          taken the x-rays?

16          A.     I would guess that there was someone  
17          else in the room, but I couldn't tell you. It was  
18          right before we started, therefore, there should  
19          have been a nurse ready to assist me but I  
20          couldn't tell you.

21          Q.     Okay. Who was there during the surgery?

22          A.     There would have been a resident who was  
23          monitoring the anesthesia and a nurse.

24          Q.     Do you know who the resident was?

25          A.     I couldn't tell you.

1 Q. Would the records tell you?

2 A. It might be on the anesthesia sheet.

3 Yes. Dr. Wagner.

4 Q. Okay. Would a crown show up on an x-ray?

5 A. Yes.

6 Q. Okay. Do you have the x-ray with you?

7 A. Yes.

8 Q. This is of both teeth, right?

9 A. Yes.

10 Q. All right. Can you show me which one is --  
11 I'm going to use 17 and 18.

12 A. Yes. I understand what you mean by that.

13 Q. Okay, fine. Which one is 17?

14 A. There.

15 Q. Okay.

16 A. The tooth with the -- the tooth that  
17 looks like the whole tooth is No. 17.

18 Q. This looks like the whole tooth.

19 MR. WALTERS: Can we agree that he  
20 is pointing to the one that shows a large opaque  
21 or white area which I believe he will later say is  
22 a filling?

23 MR. MELLINO: We can agree to that  
24 because my next question is what is it.

25 A. That is an amalgam filling, silver



1       filling, a permanent filling.

2           Q.     Okay. What number is that, again, I'm  
3       sorry?

4           A.     That is No. 17 according to her dentist.

5           Q.     So this is the one that's furthest back?

6           A.     Yes.

7           Q.     And this is No. 18?

8           A.     This is No. 18.

9           Q.     And these white lines here are the root  
10       canal filling?

11          A.     The back root has no root canal filling  
12       in it.

13                   MR. WALTERS:    Chris, this is a  
14       copy of that. I think you have one in your file.  
15       Your predecessor counsel had been sent one, I  
16       think.

17                   MR. MELLINO:    Yes, we do have it.

18                   MR. WALTERS:    If somebody was  
19       going to start marking it I would rather have the  
20       copy marked rather than an original.

21                   MR. MELLINO:    Let me give you the  
22       original back because you can actually see the  
23       copy a little better, I think.

24           Q.     (BY MR. MELLINO) All right. Can you  
25       tell on this x-ray, you said before that 18 was --

1 the top was missing, the crown was missing?

2 A. Right. It is missing on the x-ray.

3 Q. All right. This part up here is what,  
4 part of the root?

5 A. Part of the root.

6 Q. Okay. Where would the gum line be?

7 A. The gum line is up high here. You can't  
8 see it on the x-ray. It's just --

9 Q. So this filling on 17 actually is below  
10 the gum line?

11 A. It may be. I don't know.

12 Q. Well, if the gum line is up here you  
13 said, doesn't this white part go below the  
14 imaginary line you just drew?

15 A. It depends. It could be. It depends on  
16 how the x-ray's taken. It may very well be. I  
17 couldn't tell for sure.

18 Q. Would that have been important to you in  
19 determining whether, or which tooth to pull?

20 MR. WALTERS: Given the choice  
21 between those two teeth? Is that what you're  
22 saying?

23 A. No. It wouldn't have mattered. No. In  
24 truth, I probably would have -- no, it wouldn't  
25 have made a difference. That tooth could easily

1 be saved by doing a perio procedure and lowering  
2 the gum line. That's a much, in my opinion, that  
3 tooth is a much healthier tooth than the one in  
4 front of it.

5 Q. Well, isn't there a lot less tooth there  
6 than in 18?

7 A. No, not at all.

8 Q. There is not?

9 A. No.

10 Q. Are you including the filling in that or  
11 not?

12 A. No, I'm including the structure of the  
13 tooth.

14 Q. Well, could you outline for me where the  
15 structure of 17 is?

16 A. Well, what you're looking at, and the  
17 filling is only on one side of the tooth, there is  
18 all tooth structure on the other side, so that's  
19 all useable tooth. One area. See, because of the  
20 radioplasty, you can see some tooth structure here.  
21 See, this part that's not so dark here, that's  
22 tooth.

23 So one part of the tooth has a filling  
24 in it, okay, but the rest of the tooth is a  
25 useable tooth so it can be made as a crown. It

1 doesn't have the best root structure but it has at  
2 least as good if not better root structure than  
3 the tooth in front of it.

4 Q. All right. But at least from this view  
5 doesn't it appear that there is more tooth on 18  
6 than there is on 17?

7 A. No, not at all.

8 Q. Well, isn't all this tooth structure  
9 here?

10 MR. WALTERS: You're pointing down  
11 into the roots on --

12 MR. MELLINO: No.

13 A. No, there is not. I'm sorry.

14 Q. Show me where the tooth structure ends  
15 on 18.

16 A. Ends where?

17 Q. 18.

18 A. Above.

19 MR. WALTERS: I don't --

20 A. Can I draw out on a paper what I  
21 consider to be the tooth structure?

22 Q. Sure. Sure.

23 A. (Indicating).

24 There is the tooth structure on there,  
25 on No. 18 and there is the tooth structure on No.

1 17.

2 Q. Okay. Can you draw --

3 A. But on the top of No. 17 there is that  
4 much of it, if you're looking down on it, there is  
5 a big amalgam there. But the rest of it is a  
6 useable tooth. Besides that, this almost goes  
7 down into what is called a furcation.

8 MR. WALTERS: When you say there,  
9 remember when you point they can't get it down.

10 A. All right. Tooth No. 18 has a  
11 radioplasty, a black area in between the roots.  
12 That is the furcation of the root. And that  
13 indicates that there is periodontal disease which  
14 goes in between the roots. That's a very ominous  
15 prognosis. There is not any hint of that on tooth  
16 No. 17.

17 Q. Show me where you see that.

18 A. That dark spot between the two roots.

19 Q. Okay.

20 A. That means that the bone there has been  
21 dissolved and it's dissolved by periodontal  
22 disease. That is an active bone loss process and  
23 there is soft tissue in there, not bone. That  
24 makes that tooth a much worse prognosis.

25 Again, if I were to draw it it's right

1       there, right in between. It means the bone level  
2       goes below where the, if you want to call it, the  
3       crotch of the tooth. It's called a furcation.  
4       And once the periodontal disease has gotten into  
5       there, that makes it a much less stable tooth for  
6       use.

7             Q.     All right. Could you write on there  
8       that that's the bone line?

9             A.     (Indicating).

10            Q.     And then would you draw where the gum  
11       line would be?

12            A.     It's got to be up like that. Okay. So  
13       there is gingiva and this is bone. It's called  
14       furcation involvement.

15                   MR. WALTERS:     Maybe just for the  
16       sake of clarity, can you draw an arrow from 17,  
17       from the No. 17 to 17 and an arrow from 18 to 18.

18                   THE WITNESS:     (Indicating).

19            Q.     Now, the root of 17 doesn't look  
20       anything like what you draw there.

21            A.     (Indicating).

22                   It's probably more together.

23                   MR. WALTERS:     Okay. Now, I don't  
24       want this sketch -- let's start all over again  
25       because Mr. Mellino --

1           A.     I am not a very good artist.

2                   MR. WALTERS:     You started crossing  
3 out and I'm afraid it's going to be misinterpreted.  
4 Why don't you do it again as best as you can --

5           Q.     What were you doing here? Does the  
6 different shape of the root have any significance?

7           A.     No.

8           Q.     Okay. In other words, you didn't cross  
9 this out to show that part of the root was rotted  
10 away or --

11          A.     No. The root was not rotted away. The  
12 shape -- I agree with you, the shape is not  
13 exactly as I portrayed it.

14                  MR. WALTERS:     So he was trying to  
15 correct that shape.

16          A.     I was trying to correct the shape and I  
17 am not a very good artist in drawing it.

18          Q.     Okay. So what would be the significance  
19 of this difference in shape? In other words, I  
20 assume what you drew here would be what a normal  
21 tooth would look like?

22          A.     Well, teeth are different shaped.

23          Q.     All right. Why would this root look  
24 like that?

25                  MR. WALTERS:     Like what?

1           A.     That's the way it was formed.

2                     MR. WALTERS:     Let's be precise.

3           A.     It would look like that because that's  
4     the way it formed.

5           Q.     Okay. But there is nothing necessarily  
6     unhealthy about that?

7           A.     No. It's an anatomical difference.

8           Q.     Okay. I'm going to ask you to assume  
9     that this, the filling goes below the gum line.

10          A.     Yes.

11          Q.     Would that have any significance as far  
12     as the health of the tooth is concerned?

13          A.     Yes, it would.

14          Q.     What significance would it have?

15          A.     That in making a crown one would have to  
16     end the crown on healthy tooth in a little bit  
17     lower spot than one would normally, if it didn't  
18     have a filling below the gum line.

19          Q.     Okay.

20          A.     I have to point out that one would end a  
21     crown on tooth No. 18 in the same place.

22          Q.     It's tooth 17?

23          A.     No, tooth 18. If you were going to put  
24     a crown on tooth 18, it also, the finishing line  
25     also has to go below the gum line.



1           Q.     Right.  So it would be the same place on  
2 either tooth?

3           A.     Right.

4           Q.     Okay.  Did Barbara tell you what kind of  
5 treatment that her dentist planned after this  
6 tooth was pulled?

7           A.     No.

8           Q.     You didn't know what --

9           A.     Not specifically.

10          Q.     Well, what was your understanding as to --

11          A.     My understanding was that she was going  
12 to get a partial denture, a lower partial denture.

13          Q.     What does that entail?

14          A.     It entails replacing the missing teeth  
15 on the lower jaw with teeth that would fit by  
16 clasping onto other teeth and yet be removeable,  
17 that one would take out to clean.

18          Q.     So the one tooth that was going to be  
19 left there would be used as an anchor to clasp  
20 this other?

21                 MR. WALTERS:    Wait a second.  Are  
22 you talking about in the usual case because  
23 clearly he doesn't know in her case what her  
24 dentist was going to do.

25                 MR. MELLINO:    That's what I'm

1 asking him, for his understanding what this  
2 procedure was for.

3 MR. WALTERS: In a general case?

4 MR. MELLINO: No. In this case.

5 And if he doesn't know he can just tell me that.

6 A. I don't know. I don't know the specific  
7 treatment plan.

8 Q. Okay. Well, what would be the usual  
9 treatment plan in a case like this?

10 A. The usual treatment plan would be for a  
11 partial denture which would clasp on to the  
12 remaining teeth and be removed.

13 Q. Be removeable?

14 A. Removeable.

15 Q. Okay. Did you get a consent to do this  
16 procedure?

17 A. I did.

18 Q. You personally?

19 A. I did. I believe my signature is on it.  
20 Yes, I did.

21 Q. Okay. So you witnessed her signing it?

22 A. Yes.

23 Q. And was the top part filled in when she  
24 signed it?

25 A. It was filled in.

1 Q. Everything that's written on this top  
2 part was written in when she signed it?

3 A. Yes.

4 Q. Okay. Do you remember at what point she  
5 signed it?

6 A. No.

7 Q. Do you remember if it was before or  
8 after the anesthetic had been given?

9 A. It was before the anesthetic had been  
10 given. What I can't remember is whether it was  
11 before or after our second conversation.

12 Q. Okay. You don't have --

13 A. The time, no.

14 Q. No, not time, on that form what tooth  
15 you were going to pull?

16 A. No.

17 MR. WALTERS: On the consent form  
18 you are talking about?

19 MR. MELLINO: Right.

20 A. Lower molar is what I have.

21 Q. I take it Barbara didn't know the  
22 numbers that we have been discussing?

23 A. Right. I find it very difficult to try  
24 to explain someone, as you see with your  
25 understanding of the numbers, that putting a

1        number down doesn't necessarily mean that the  
2        patient understands what you're going to do.

3            Q.     Have you had any conversations with  
4        Dr. Kelly since the phone conversation that you  
5        told me about before?

6            A.     No, not about Barbara Robertson. I  
7        don't think I have had any anyway but not about  
8        Barbara Robertson.

9            Q.     Is a porcelain veneer crown the same  
10       thing as the crown you talked about before?

11          A.     Yes.

12          Q.     And I'm sorry if I asked you this before,  
13       but did either one of these teeth have a crown on  
14       it?

15          A.     No.

16          Q.     Okay. Did you treat Barbara Robertson  
17       any different than you would any other patient  
18       because of the fact that she worked at Metro?

19          A.     I wouldn't treat her differently. I  
20       bill Metropolitan General patients differently.

21          Q.     I just meant your treatment.

22          A.     No.

23          Q.     Okay. Your discussions with her about  
24       surgery or whatever would be the same as any other  
25       patient?

1           A.     Well, not so. Normally I have a visit  
2 prior to doing a procedure and I try to do that so  
3 I can discuss with the patient what I'm doing.  
4 Barbara manipulated the system such that she  
5 brought her lab work and essentially badgered my  
6 secretary to make sure that she got one  
7 appointment so she wouldn't have to spend two  
8 visits. In retrospect, I think it would have been  
9 better if she had spent the two visits.

10           Q.     But you went ahead and did the surgery  
11 even though she had only had the one visit?

12           A.     Yes.

13           Q.     Do you know what it means if a tooth has  
14 erupted into the denture?

15           A.     I believe what you're talking about is  
16 what is normally called being supererupted, that  
17 is, that the line of the tooth is erupted past the  
18 line of the occlusion. That's what I would take  
19 to mean what you said, erupted into the denture,  
20 that is, that it's above the line of the occlusion,  
21 therefore, it interferes with the lower, with the  
22 upper occlusion level that is made in the denture.  
23 That can be a problem in that the tooth must then  
24 be ground down so that it would fit or the denture  
25 has to be adjusted so it would fit.

1 Q. What is the line of occlusion?

2 A. The line of occlusion is where your  
3 upper and your lower teeth meet. This line  
4 between the bite is the line of occlusion. When  
5 one fabricates a denture, one fabricates it to the  
6 line of occlusion. If a tooth is supererupted,  
7 which is what I take what you said to mean, that  
8 means the tooth is above that line of occlusion  
9 and there must be an accomodation made, either in  
10 the tooth or in the denture.

11 Q. Okay. Were either one of these teeth  
12 supererupted?

13 A. I did not make that diagnosis, no.

14 Q. Well, that means you don't think that  
15 either one of them is supererupted?

16 A. That means it was not obvious to me.  
17 She could bite into occlusion with her upper  
18 denture, therefore, if the tooth was super -- I  
19 did not do a formal exam to tell that. Sometimes  
20 you have to go ahead and do a bite registration to  
21 be able to tell that specifically or to do models.

22 But if it was supererupted the upper  
23 denture had been accommodated because she could  
24 bite into occlusion with her upper denture, so I  
25 made no exam to see whether it was or it wasn't.

1 Q. So you don't know one way or the other?

2 MR. WALTERS: I'll object to that.  
3 He just answered the question. Don't characterize  
4 his testimony. He answered it.

5 MR. MELLINO: That he didn't do an  
6 examination at that time to determine whether or  
7 not it was supererupted?

8 Q. Isn't that what you just told me?

9 A. That is correct. I didn't do a special  
10 examination. By my initial examination it did not  
11 seem to be supererupted. For small amounts of  
12 discrepancy, one would have to do a special  
13 examination which would be taking models of the  
14 jaws and mounting those models and doing a  
15 particular analysis of those models. I did not do  
16 that. So the tooth could be supererupted. If it  
17 was or is supererupted it's by a small amount and  
18 an accommodation was already made either in the  
19 tooth or the denture because it didn't affect her  
20 occlusion.

21 Q. But the answer to the question is you  
22 don't know whether it was supererupted or not?

23 MR. WALTERS: Objection.

24 A. I think I answered your question.

25 MR. WALTERS: I don't know why you

1 feel the need to characterize his testimony. He's  
2 answered the same question four times.

3 MR. MELLINO: I don't think he has  
4 answered it yet.

5 Q. Do you know whether the tooth was  
6 supererupted?

7 A. By my examination it was not supererupted.

8 Q. But you did not do a specific  
9 examination to determine whether or not it was  
10 supererupted?

11 A. I did not do a special examination. I  
12 did an examination that I would normally do which  
13 would not discern small amounts of supereruption.

14 Q. Would supereruption be a factor to  
15 consider in the treatment that we talked about  
16 before as far as partial denture?

17 A. It would be a very minor factor.

18 Q. In retrospect, do you still believe that  
19 you pulled the right tooth?

20 A. I believe I pulled the tooth that was  
21 not a functional tooth, and I believe I pulled the  
22 tooth that was -- that fit the description of the  
23 tooth I was asked to pull.

24 Q. Did the other tooth fit that description?

25 A. No.



1 MR. MELLINO: Why don't we take  
2 about a five minute break.

3 (A discussion was had off the  
4 record)

5 MR. MELLINO: I'm going to mark  
6 this x-ray as an exhibit since we referred to it.  
7 This is a copy.

8 MR. WALTERS: Why don't you --

9 MS. TOMUSKO: I'm sure your office  
10 already has one because I know I provided it to  
11 Dave Paris.

12 (Plaintiff's Deposition Exhibit  
13 No. 1 was marked for  
14 identification)

15 Q. Okay. Doctor, I'm handing you what has  
16 been marked as Plaintiff's Deposition Exhibit 1.

17 Could you just identify that for the  
18 record, please?

19 A. This is the x-ray that I took of Barbara  
20 Robertson.

21 MR. WALTERS: Now, that's a copy,  
22 isn't it?

23 THE WITNESS: Yes.

24 A. This is a copy of the x-ray that I took  
25 of Barbara Robertson.

1                   MR. WALTERS:     That's the one that  
2     we have been talking about during the deposition,  
3     right?

4                   THE WITNESS:     Right, that's the  
5     one.

6           Q.     When did you take the x-ray?

7           A.     March 29, 1985.

8           Q.     Okay.   The root canal that's shown on  
9     this x-ray which is tooth No. 18, right?

10          A.     Correct.

11          Q.     Is that a completed root canal?

12          A.     No.

13          Q.     Okay.   Would it be in both parts of the  
14     root there?   That's what a root canal would look  
15     like?

16          A.     The white that you see in the front root  
17     or the root on your right side would also be in  
18     the back root.

19          Q.     Okay.   Do you know whether Barbara  
20     Robertson had any expertise in dentistry or oral  
21     surgery?

22          A.     She had some.   She worked with us in the  
23     operating room.

24          Q.     Well, what kind of expertise would she  
25     need to work with you in the operating room?

1           A.     She knew instruments, she assisted in  
2     the extraction of teeth, she knew rudimentary  
3     things about teeth, she knew the difference  
4     between molars and incisors and those kinds of  
5     things.

6           Q.     Okay. And you understood when she came  
7     to you on March 29 that there was a specific tooth  
8     that she wanted pulled, right?

9           A.     Yes.

10          Q.     And you know now that the tooth you  
11     pulled was not the tooth that she wanted pulled?

12          A.     That's correct.

13                 MR. MELLINO:    I don't have any  
14     other questions, Doctor. You have the right to  
15     read your testimony or you can waive signature.  
16     Your attorney can advise you.

17                 MR. WALTERS:    Why don't you write  
18     it up and send it to me first and then maybe we'll  
19     just send in a waiver at that time.

20                 MR. MELLINO:    Fine.

21                         -   -   -

22

23

24

25

1 I have read the foregoing transcript from  
2 page 1 to page 35 and note the following  
3 corrections:

4  
5 PAGE: LINE: CORRECTION: REASON:  
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17  
18 THOMAS INDRESANO, M.D.  
19 Subscribed and sworn to before me this  
20 day of , 1986.

21  
22 Notary Public

23 My Commission Expires:  
24  
25

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

4 I, Aneta I. Fine, a Notary Public within and  
5 for the State of Ohio, duly commissioned and  
6 qualified, do hereby certify that  
7 THOMAS INDRESANO, M.D. was by me, before the  
8 giving of his deposition, first duly sworn to  
9 testify the truth, the whole truth, and nothing  
10 but the truth; that the deposition as above set  
11 forth was reduced to writing by me by means of  
12 Stenotypy and was subsequently transcribed into  
13 typewriting by means of computer-aided  
14 transcription under my direction; that said  
15 deposition was taken at the time and place  
16 aforesaid pursuant to notice; and that I am not a  
17 relative or attorney of either party or otherwise  
18 interested in the event of this action.

19 IN WITNESS WHEREOF, I hereunto set my hand  
20 and seal of office at Cleveland, Ohio, this 16th  
21 day of March, 1987.

22   
23 Aneta I. Fine, RPR, Notary Public  
24 Within and for the State of Ohio  
25 540 Terminal Tower  
Cleveland, Ohio 44113

My Commission Expires: February 27, 1991.