COURT OF COMMON PLEAS

CUYAHOGA COUNTY, OHIO

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CHERYL CASE STANCA, et al., :

PLAINTIFFS,:

-VS- : CASE NO. **361016**

AMY CHAHO, MD, et al.,

DEFENDANTS.:

- - -

Deposition of CHRISTINE PLECHA, MD, a witness herein, taken by the plaintiffs as upon cross-examination pursuant to the Ohio Rules of Civil Procedure and pursuant to Notice to Take Deposition and stipulations hereinafter set forth at Bethesda North Hospital, 10500 Montgomery Road, Second Floor, Cincinnati, Ohio at 2:10 p.m. on Tuesday, October **19**, **1999**, before Lisa Conley, RMR-CRR, a notary public within and for the State of Ohio.

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APPEARANCES:

On behalf of the Plaintiffs:

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of

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On behalf of the Defendant *Amy* Chaho, MD:

Thomas H. Allison, Esq.

of

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Cleveland, Ohio 44115-1475

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S T I P U L A T I O N S

It is stipulated by and between counsel for the respective parties that the deposition of CHRISTINE PLECHA, MD, a witness herein, may be taken as upon cross-examination pursuant to the Ohio Rules of Civil Procedure, and pursuant to Notice to Take Deposition; that the deposition may be taken in stenotypy by the notary public-court reporter and transcribed by her out of the presence of the witness; that the transcribed deposition is to be submitted to the witness for her examination and signature, and that signature may be affixed out of the presence of the notary public-court reporter.

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I N D E X

WITNESS	CROSS-EXAMINATION
Christine Plecha, MD	5

- - -

E X H I B I T S

PLAINTIFFS' EXHIBITS	MARKED
No. 1, a 1-page, handwritten document reflecting "1997, 4/171st visit."	15
No. 2, a copy of a 2-page document entitled "Curriculum Vitae."	15

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CHRISTINE PLECHA, MD

of lawful age, a witness herein, being first duly sworn as hereinafter certified, was examined and deposed as follows:

CROSS-EXAMINATION

BY MR. ROBENALT:

Q. Doctor, could you please state your full name for the record, spell your last name.

A. Christine Plecha, P L E C H A.

Q. And what is your professional address?

A. 10506 Montgomery Road, Suite 503, Cincinnati, Ohio 45242.

Q. And you've been retained as an expert witness in the case of Stanca versus Dr. Chaho; is that correct?

A. Yes.

Q. And by whom have you been retained?

A. Mr. Allison.

Q. And who do you understand that he represents in this case?

A. Dr. Chaho.

Q. Have you acted as an expert witness in the past?

A. Yes.

Q. On how many occasions?

A. I've been deposed once. I reviewed other cases as an expert witness.

Q. Okay. Who were you working for when you were deposed?

A. I don't recall. It was about eight years ago. It was a law firm in Cleveland, I can tell you that.

Q. And did you represent the plaintiff or a defendant or testify for a plaintiff or a defendant in that case?

A. Testified for a defendant.

Q. Were you retained by the Arter & Hadden law firm in Cleveland?

A. I don't recall.

Q. Reminger & Reminger?

A. It was one of those, I don't recall which one.

Q. Okay. Have you ever worked with Mr. Allison in the past?

MR. ALLISON: As an expert?

Q. As an expert.

A. No, no.

Q. Have you worked with him other than as an expert on any matter?

A. He was there once when I gave a deposition.

Q. He represented you once when you gave a deposition?

A. No. He -- There was a case when I was a resident, brought against the hospital, and I was a resident, and they took my deposition, and Mr. Allison was there representing the hospital.

Q. All right. And you were an employee of the hospital at that point?

A. Correct.

Q. Okay. And was that University Hospitals of Cleveland was a defendant?

A. Yes.

Q. And what type of case was that?

A. That was an OB case.

Q. Brain damaged baby case?

A. No. A patient was in labor and her baby died in utero while she was in labor.

Q. Okay. And you were the resident in charge of the mother?

A. No. I was a resident on duty on labor and delivery.

Q. Okay. Who was the attending; do

you recall?

A. I don't recall.

Q. Okay. And your testimony is that you don't recall who you were working for when you gave a deposition as an expert?

A. Correct,

Q. Do you know who took your deposition?

A. I don't recall.

Q. How many cases have you reviewed since getting your medical license?

A. About eight or nine, I'd say.

Q. And how many of those cases have been for an attorney at the law firm of Arter & Hadden?

A. I don't recall.

Q. Can you give me an estimate?

A. (Shaking head.) No.

MR. ALLISON: Don't guess.

A. No, I don't know.

Q. Have you ever worked for another lawyer at the law firm of Arter & Hadden, whether it was involves a Cleveland office or Columbus office or Cincinnati office?

MR. ALLISON: We don't have one.

MR. ROBENALT: You don't have a Cincinnati office?

MR. ALLISON: No.

BY MR. ROBENALT:

Q. Okay, Cleveland or Columbus.

A. I don't recall because I don't know which lawyer is attached to which law firm with which deposition.

Q. Have you ever testified on behalf of a plaintiff in a lawsuit?

A. No.

Q. Okay. Other than the lawsuit that you were -- that you testified in where you were represented by Mr. Allison, have you ever been a party to any other lawsuit?

A. No.

MR. ALLISON: Objection. That implies that she was a party to that lawsuit.

MR. ROBENALT: I didn't think I indicated that she was a party. I indicated that she testified as a witness in the case.

MR. ALLISON: You asked if she had ever been a defendant in any other lawsuit, which would imply that she was a defendant in that lawsuit.

MR. ROBENALT: Okay, fair enough. I didn't mean to imply that.

Q. You've never been a party to any lawsuit; is that correct?

A. Correct.

Q. Okay. I just received a copy of your CV today.

MR. ROBENALT: Tom, this is the first time I've gotten a CV the day of the deposition.

MR. ALLISON: Kind of like Dr. Engel when I was sitting there and he pulled it out of his desk, you mean?

MR. ROBENALT: Yeah, kind of like that.

MR. ALLISON: Okay.

Q. I don't have it here in front of me, but you were born in Cleveland, correct?

A. Correct.

Q. In 1958?

A. Correct.

MR. ALLISON: Did you lose the one I gave you?

MR. ROBENALT: I may have.

MR. ALLISON: Would you like to

look at this one?

Q. Anyway, you graduated from Case Western Medical School in 1984; is that right?

A. 'eighty-five.

Q. 'eighty-five. Your medical license with the State of Ohio is duly active?

A. Yes.

Q. Due for renewal in April of next year, correct?

A. Correct.

Q. Where did you do your residency?

MR. ROBENALT: Tom, if you've got an extra one -- Oh, here it is, never mind.

Q. Where did you do your residency?

A. University Hospitals of Cleveland.

Q. Who did you study under at UH?

A. What do you mean?

Q. Who did you work primarily with at University Hospitals?

A. There isn't one particular person. You work with all of the attendings at the hospital.

Q. Any attending that you worked with more closely than any other attending?

A. No.

Q. Okay. Currently, do you hold any teaching positions?

A. No.

Q. Do you know anyone in the Cleveland office of Arter & Hadden other than Mr. Allison?

A. No, I don't think so.

Q. You don't know any of the attorneys up there?

A. Well, if you give me some names, I can tell you if I know them or not. Like I said, I don't pay that much attention when I review these cases what firm it's coming from.

Q. I'm not asking about reviewing cases. I'm asking if you know any of the attorneys there?

A. No.

Q. Friends with any of the attorneys at Arter & Hadden?

A. No, I'm not,

Q. Friends with anybody at the Columbus office of Arter & Hadden?

A. No.

Q. Do you know how Mr. Allison received your name as a potential expert in

this case?

A. No.

Q. What have you reviewed prior to your deposition?

A. The records that Mr. Allison sent me.

Q. Can I look at everything that he sent you?

MR. ALLISON: Sure.

A. (Indicating.)

Q. For the record, let me just, you reviewed Dr. Chaho's records?

A. Yes.

Q. The ER visit with St. John West Shore Hospital from July 29th, 1997; is that correct?

A. Yes.

Q. The Cleveland Clinic Foundation records?

A. Yes.

Q. And you've also reviewed the deposition of Dr. Christian, deposition of Dr. Wallborn?

A. Yes.

Q. The deposition of Ms. Stanca; is

that correct?

A. Yes.

Q. Have you reviewed anything else?

A. Yes. I reviewed Dr. Engel's deposition and Dr. Chaho's deposition.

Q. Okay. Where are those depositions?

A. I left those at home. I forgot them today.

Q. They're not in your office?

A. No. They're at home.

Q. And you have some miscellaneous records?

A. Correct.

Q. And are these notes of yours --

A. Yes.

Q. -- that you made?

A. Yes.

Q. These notes that you've made, can I get a copy of this before we leave today?

A. Sure.

Q. Okay. I'd like to mark this as Deposition Exhibit 1 and then I'll mark your CV as Deposition Exhibit 2; is that fair?

A. Fine.

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(Thereupon, Plaintiffs' Deposition Exhibits 1 and 2 were marked for purposes of identification.)

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Q. How many different HCGs were done for this patient?

MR. ALLISON: Just according to the notes that Dr. Plecha made or do you want her to review the entire spectrum of records that she was provided with?

Q. Do you feel that your notes that you've made are accurate or accurately depict the number of HCGs that were performed on this patient?

A. I might have missed one or two.

Q. When you made those notes, you tried to be as accurate as possible, correct?

A. Yes, I did.

Q. And include everything?

A. Yes.

Q. Okay. Tell me according to your notes how many different HCGs were performed.

A. Twelve.

Q. Twelve. In your practice treating patients with abnormal pregnancies, how many

HCGs do you perform on a typical basis?

MR. ALLISON: Objection. Go ahead and answer if you can.

A. It varies.

Q. Have you ever performed more than five HCGs on any patient?

A. Yes.

Q. And under what circumstance would you perform more than five HCGs?

A. If it wasn't down to zero yet, I would continue to follow the HCGs.

Q. Okay. Have you ever performed more than ten on any patient?

A. Yes.

Q. And do you recall how many patients over the years of your private practice?

A. What?

Q. I'm asking if you recall how many patients you've performed over ten HCGs over the years in your private practice?

A. No, I don't.

Q. Would you agree that that doesn't happen very much in your practice?

A. In my practice, it does not.

Q. Are you employed by Bethesda North

Hospital?

A. No.

Q. By whom are you employed?

A. Mount Auburn Obstetrics & Gynecology.

Q. And how many physicians are in your practice?

A. Eight.

Q. Have you ever met Dr. Chaho?

A. No.

Q. Have you ever talked to Dr. Chaho?

A. No.

Q. Have you ever talked to any of the subsequent treating physicians of Ms. Stanca in this case?

A. No.

Q. Okay. You reviewed the deposition of Dr. Christian; is that correct?

A. Yes.

Q. Did you make any notations when you reviewed this deposition?

A. I don't know. You can look.

Q. The only notation I see on this entire deposition transcript is a mark that was made on page 53, lines 6 through 10; would you

agree with that?

MR. ALLISON: That that's all you saw or that that's all the markings there are?

Q. That's all the markings there are.

MR. ALLISON: Doctor, please go ahead and review the depo, every page.

A. All right. Yes.

Q. And then I see some markings here on page 22 of Dr. Wallborn's deposition. I can represent to you that that's the only markings that I see in that deposition transcript.

MR. ALLISON: The question is?

Q. Would you agree with that?

A. Yes.

Q. And when did you make those notations?

A. Within the last three weeks.

Q. Did you make any notations when you met with Mr. Allison in any of these deposition transcripts?

A. No.

Q. Did you make any notations on your sheet of paper there?

A. No.

Q. Why are these sheets separate and

apart from everything else that's in a binder when it comes to medical records?

A. I received these separately from Mr. Allison.

MR. ALLISON: And I think if you review those, you'll see that those are the hard to obtain Cleveland Clinic records that we've been looking for in the past six months, and as they came in in dribbles, we provided them to the Doctor.

Q. Okay. I see a circling of an October 12th letter from Dr. Remsey to Ms. Stanca; is that the markings you made?

A. Yes.

Q. And it says, the sentence that you circled says, this sigmoid colon was most likely the source of the problem or the sigmoid colon was most likely the source of this problem; is that correct?

A. Of this problem.

Q. Then you have a marking on the hospital discharge summary prepared apparently by --

MR. ALLISON: Which hospital discharge summary?

Q. Cleveland Clinic discharge dated 1/27/98.

MR. ALLISON: Okay.

Q. You've got circled perforated diverticulitis; is that correct?

A. Yes.

Q. Okay. Did you make any of the markings that we've just discussed in your meeting with Mr. Allison?

A. No.

Q. Then on a letter from March 3rd, 1998, from Dr. Remsey, you have circled here some diverticulitis, and that letter is dated March 3rd, 1998, to Dr. Wallborn; is that correct?

A. Yes.

Q. And is that your handwriting?

A. Yes.

Q. Have you ever seen any reported cases of -- Have you ever seen any reported cases of -- Well, let me ask you this.

At any point in your review of the medical records of Ms. Stanca, at any point do you believe that this would have been considered a septic abortion?

MR. ALLISON: I'm sorry?

Q. A septic abortion.

MR. ALLISON: If you understand his question, answer him. If you don't, tell him so.

A. No.

Q. Why not?

A. Well, a septic abortion would imply that there were retained products of conception that were infected and made the patient septic, and there's no evidence of sepsis in this patient.

Q. Okay. You would agree with me that in August of 1997 this patient was diagnosed as having retained parts of conception, correct?

A. Where are you -- What are you referring to?

Q. I'm referring to the medical chart. You can look particularly at The Cleveland Clinic records, if you'd like.

A. I'm sorry, repeat the question.

Q. Would you agree that in August of 1997 this patient was diagnosed as having retained products of conception?

MR. ALLISON: You're not saying

that that's the only time or the first time, it's just in August of '97 that was a diagnosis with respect to Mrs. Stanca; is that correct?

Q. Correct.

MR. ALLISON: Okay.

A. Let's see.

MR. ALLISON: I think it may be the things I sent to you later, like Dr. Christian's report.

A. Yeah, that's where I'm looking. Yes, Dr. Christian's notes from August 20th of '97, his impression is retained products of conception versus prolapsed fibroid into endometrium.

Q. And if you look at his or what appears to be his operative note that was dictated on August 21st, 1997, would you agree that his diagnosis postoperatively was retained products of conception?

MR. ALLISON: That's in the notebook. The only reason I know that is because I know what stuff I had later and what I had before and what I got later.

A. Okay. August 21st?

Q. Yes.

A. Okay. August 21st, 1997?

Q. Correct.

A. Okay. And the question is, I'm sorry?

Q. The question is, you would agree that his postoperative diagnosis was retained products of conception?

A. Yes, with sigmoid diverticular abscess, ruptured sigmoid colon and sigmoid abscess.

Q. Did you see his discussions with Dr. Remsey about the fact that the pathology report came back as negative for any diverticular disease?

MR. ALLISON: Objection.

A. That was in his deposition you're talking about?

Q. Yes.

A. Okay.

Q. And do you agree or disagree with Dr. Christian's opinion in that regard?

A. Disagree with what?

Q. My question is: Do you agree or disagree with Dr. Christian's opinion in that regard, that he originally thought it was

diverticulitis that caused the perforation, and later after he saw the pathology reports that his only conclusion is that it was from the retained products of conception?

MR. ALLISON: Objection. Go ahead and answer.

A. I disagree with his conclusion.

Q. Okay. Why do you disagree with his conclusion?

A. Well, because I'm not sure how he came to that conclusion, since there wasn't evidence of infection in the uterus and there was evidence of abscess and perforation around the colon.

Q. Your testimony is that you don't see any evidence in this medical chart of infection within the uterus?

A. Not with the information I have here, no.

Q. Have you ever seen a pathology report that indicates that the retained parts of conception were necrotic in nature?

A. That is stated on the pathology report, August 27th, 1997.

Q. And you're telling me that that

finding on pathology report is not consistent with this, with an infection inside the uterus?

A. Necrotic indicates that the tissues are nonviable.

Q. And in your opinion, when was the first time that Dr. Chaho knew or should have known that the embryo was nonviable?

A. I'll have to look back at Dr. Chaho's records.

Q. Okay.

A. On May the 12th, 1997, Dr. Chaho writes patient advised decreasing, meaning the HCG levels are decreasing, consistent with spontaneous abortion.

Q. Tell me in your practice, Doctor, how long you typically let a patient go who has a diagnosis of nonviability of the embryo.

A. What time in pregnancy are you talking about?

Q. Let's talk about the first trimester.

A. Okay. There's no set time.

Q. You're telling me that -- Well, I guess I'm asking in your practice, if a patient, if you've determined that the embryo

is nonviable and the patient continues to have symptomatology, how long is it that you let a patient go before you do some type of procedure to determine why the pregnancy is abnormal and what's happening or what's happened with the fetus?

MR. ALLISON: Objection. I think that's about six different questions in there, Tom, but okay.

A. Are you asking how I would follow a patient who I think might have had a miscarriage?

Q. Well, let me ask you this first. How long in your practice have you let somebody go before doing a definitive test to figure out exactly why the pregnancy is abnormal and to figure out what's happening with the embryonic sac?

MR. ALLISON: Objection. If you understand his questions, go ahead and answer them.

A. There isn't a definitive test to find out why the pregnancy failed.

Q. Okay. Tell me what tests you would perform on a patient who you believe has

miscarried but not passed all parts of conception.

A. Okay. I would order a quantitative beta HCG and I would get an ultrasound, pelvic ultrasound.

Q. And are there any other tests that you would perform if you could not determine what was going on at that point?

MR. ALLISON: Objection as to what was going on at that point. Doctor, if you understand, go ahead and answer it. If you don't, then tell him.

A. Can you clarify what you're talking about?

Q. Well, if you can't determine a definitive diagnosis after doing the quantitative beta HCG test and the pelvic ultrasound, what do you do in that situation; what other tests are available to you as a physician and what might you consider doing at that point?

A. Well, there are multiple possibilities.

Q. Well, tell me what the possibilities are.

use, no.

Q. Do you understand that in looking at the May 8th, 1997, note of Dr. Chaho that

the spontaneous abortion was strongly suspected by the defendant in this case?

MR. ALLISON: I'm sorry, your question is: Does the note say that? I'm saying, do you understand that to be the case.

A. It says discussed with patient spontaneous abortion strongly suspected. Excuse me.

MR. ALLISON: Go right ahead.

(Off the record.)

BY MR. ROBENALT:

Q. Why don't I look through that chart.

A. This one?

Q. Yeah. You've made some notes on Dr. Chaho's chart that's been provided to you by Mr. Allison; is that correct?

A. Yes.

Q. And you have some handwriting on the backs of some of the pages; is that correct?

A. Yes.

Q. And you've circled several things in the chart and underlined several things in the chart; is that correct, in pencil?

A. Yes.

Q. Okay. What does okay mean at the bottom of the note on 5/8/97?

A. I think it means that I set -- took this information and put it over on my note sheet, that I included it on my sheet of notes.

Q. Did you do that on the second page of Dr. Chaho's notes?

A. Here, yes.

Q. Okay. Did you do it on the third page of Dr. Chaho's notes?

A. No.

Q. Why not?

A. I decided it wasn't necessary.

Q. But you did circle the **HCG** level from July llth, '97, correct?

A. Correct.

Q. And you did underline, also discussed **D** and C versus laparoscopic and patient desires -- or I'm sorry, does not desire this at this time?

A. Correct.

Q. On the third page on the back of the page -- I'm sorry, we're talking now about the fourth page, you made some notes on the

back of page 3 --

A. Um-hmm.

Q. -- about the fourth page; is that correct?

A. Correct.

Q. And tell me what your notes say.

A. Retained products, ultrasound or D and C, and did MD get ultrasound report to review.

Q. Okay. And what is retained products, ultrasound or D and C, what does that mean?

A. Those are two ways to evaluate for retained products of conception.

Q. And in your opinion did Dr. Chaho do either of those methods or order either of those tests?

MR. **ALLISON:** Are you talking about as of what date?

Q. Well, you have a note to what date, when it says retained products?

A. Just for this page.

Q. Okay. Do you see any indication in that page of the medical chart that Dr. Chaho ordered an ultrasound or a D and C?

A. She did the endometrial biopsy on that page.

Q. I guess my question was: Did she order an ultrasound or D and C on that page of the chart which has the date of a visit with the patient July 14th, 1997, at the top?

A. No.

Q. Okay. And in fact, how many times did Dr. Chaho order an ultrasound for this patient?

A. One on 4/17/97. I'm going to have to go through and count to see, two. On 5/9/97, I guess it was done, it says yesterday, so it would be 5/7/97. Two.

Q. And the last ultrasound that this physician ordered, Dr. Chaho, was on May 7th, 1997, correct?

A. Yes, according to what I have here.

Q. Okay. Would you agree by looking at the May 7th, 1997, that Dr. Chaho knew that the pregnancy was not viable?

A. Suggests either nonviable pregnancy or that the patient was off on her dates.

Q. It leans more towards nonviable pregnancy by the fact that there was no fetal

pull; is that correct?

A. That can also be a very early pregnancy, if you don't see a pull.

Q. Okay. Can I look at your handwritten notes?

A. Sure.

Q. If -- do I understand your note correctly to indicate that as of July 14th, 1997, your notes indicate that the endometrial biopsy was done and that it indicated parts of conception?

A. Products of conception, correct.

Q. Products of conception, I'm sorry. And as of July 14th, it had been over two months since this physician knew that the pregnancy was nonviable; would you agree with that?

MR. ALLISON: Objection. Go ahead and answer, if you know what Dr. Chaho knew.

Q. Well, let me ask you this way. You've already indicated to me that you were of the opinion that she knew or should have known as of May 8th, 1999 -- I'm sorry, 1997, that a spontaneous abortion was strongly suspected; is that correct?

A. Correct.

MR. ALLISON: I think that the Doctor testified when you asked her this exact same question before that, as of May 12th with respect to the knew or should have known, the Doctor said on May 12th based on the declining HCGs that she believed that that was the date.

Q. Okay. And do you now think that Dr. Chaho knew or should have known that this pregnancy was nonviable on May 8th, 1997, having reviewed the chart?

MR. ALLISON: Objection. Go ahead and answer.

A. It says she suspected it then.

Q. Okay. And then on May 12th, the HCGs were declining; is that correct?

A. I don't have an HCG from May 12th.

Q. Well, they had declined from May 8th, correct, to May 10th?

A. Correct.

Q. And they had declined significantly, correct?

A. Yes.

Q. And then the next HCG level is on May 19th; is that correct?

A. According to the notes I made, yes.

Q. And what was the HCG level on May 19th?

A. 2059.8.

Q. Does your note also indicate that on May 7th, in the May 7, 1997, ultrasound that there was no fetal pull, but there was a sac in the uterus?

A. Yes.

Q. Okay. Would you agree that the presence of an intrauterine sac and an HCG level below 6,000 is indicative of an abnormal pregnancy?

A. Yes.

Q. And what in your experience would be the differential diagnosis on May 17th, 1997, when she received the HCG level that was in the 2,000 range, knowing that there was a sac within the uterus?

A. I just -- Well, I wanted to clarify one thing. When the sac was seen on the ultrasound, that was May the 7th.

Q. Right.

A. Her HCG wasn't less than 6,000 then.

Q. My question was, as of May 19th, when she had already reviewed the ultrasound and she then got the result of the **HCG** level that put it somewhere in the 2,000 range, what would be in your differential diagnosis, what would be the first thing on your differential diagnosis at that point?

MR. ALLISON: Objection. Go ahead and answer.

A. Nonviable pregnancy.

Q. And there are many different types of nonviable pregnancies, correct?

A. Correct.

Q. What are the different types of nonviable pregnancies?

A. Are we still talking about just for first trimester?

Q. Yes. Well, we're in the first trimester here, aren't we, in May of 1997?

A. Yes.

Q. Okay.

A. Blighted ovum, missed abortion, spontaneous abortion, ectopic pregnancy, moler pregnancy, those are the most common things.

Q. Out of those, what would be the

number one on the differential diagnosis, what would be the first possibility on the differential diagnosis?

MR. ALLISON: Objection. Go ahead and answer.

A. For this patient?

Q. For this patient as of May 19th, 1997.

A. I would say, well, there are a couple possibilities, either blighted ovum or missed abortion or ectopic pregnancy.

Q. Ectopic pregnancy would be lower on the list than blighted ovum and missed abortion, correct?

A. Not necessarily.

Q. What do you do in your practice once you've got a patient with the differential diagnosis that you've just discussed?

A. Examine the patient, follow the beta HCGs.

Q. Anything else; do you order repeat ultrasound?

A. Not always.

Q. Sometimes you do?

A. Yes.

Q. Okay. What would be an indicator for an additional ultrasound or a follow-up ultrasound?

MR. ALLISON: Objection. Go ahead and answer.

A. Okay. If the beta HCGs were not decreasing, if the patient developed severe pelvic pain, if she developed heavy vaginal bleeding.

Q. Does the vaginal bleeding have to be heavy for you to order a repeat ultrasound?

MR. ALLISON: Objection.

A. You can't really generalize. I mean, it really depends on the entire picture of a given patient.

Q. Okay. What other factors would be indicative of another ultrasound?

A. A uterine size not consistent with dates,

Q. And how long would you in your practice allow a patient to go on the wait and see-- how long would you let them go down the wait and see path, wait to see what happens with the parts of conception?

MR. ALLISON: Objection. If you

can answer it in a general fashion, Doctor, go ahead.

A. I would never just send somebody out the door and say wait and see without doing anything. They would have to have follow-up, they would have to have follow-up beta HCGs.

Q. And what do you do in your practice if the HCGs continue to decline?

A. Continue to repeat them.

MR. ALLISON: Objection.

Q. Is that an indicator for follow-up ultrasound?

A. No, not necessarily.

Q. But you've done it in the past?

A. Done what?

Q. Ordered a follow-up ultrasound based upon the fact that you've got a patient with a differential diagnosis of missed abortion, blighted ovum, ectopic pregnancy, and the HCGs continue to decline.

MR. ALLISON: Objection. Go ahead and answer.

A. If the patient was having symptoms of pelvic discomfort, yes, I would get another ultrasound. If the betas continue to decline,

the patient wasn't having symptoms of pelvic pain, I probably wouldn't get another ultrasound.

Q. And in your practice have you ever allowed a patient to go for two months when ectopic pregnancy is on the differential diagnosis?

MR. ALLISON: Objection. Go ahead and answer.

A. I don't think I've ever had a patient in that situation.

Q. And you would agree with me, would you not, that an ectopic pregnancy in first trimester is the number one cause of maternal death?

MR. ALLISON: Objection.

A. I don't know if that statistic is true or not.

Q. Okay. Have you ever seen any literature with that statistic in it?

A. No.

Q. Have you ever seen any literature that indicates that an ectopic pregnancy accounts for approximately 10 to 15 percent of all maternity death?

MR. ALLISON: Objection. Go ahead and answer.

A. I don't recall specifically.

Q. It would be in that range, though, wouldn't it?

MR. ALLISON: Objection.

A. I don't know exactly.

Q. Would you agree with the statistics that maternal death -- I'm sorry, that missed abortion accounts for approximately 15 percent of all pregnancies?

MR. ALLISON: I'm sorry, I missed that one, Tom. I think my brain stopped.

Q. Okay. Would you agree with my representation of a statistic that indicates that missed abortions account for 15 percent of all pregnancies?

A. Sounds plausible.

Q. And would you also agree that an untreated ectopic pregnancy drastically increases the chance of infertility?

MR. ALLISON: Objection. Go ahead and answer.

A. An untreated?

Q. Ectopic pregnancy.

MR. ALLISON: Whatever drastically means. Objection. Go ahead and answer.

A. Well, ectopic pregnancies can be untreated and resolve, so I wouldn't agree with that as a blanket statement, no.

Q. Do ectopic pregnancies that are left untreated frequently cause damage to the fallopian tubes?

MR. ALLISON: Objection. Go ahead and answer.

A. That are left untreated? If they don't resolve and they rupture, yes.

Q. And what is the percentage of ectopic pregnancies that don't resolve --

MR. ALLISON: Objection.

Q. -- with the use of methotrexate or naturally?

MR. ALLISON: That do not resolve?

Q. Correct.

MR. ALLISON: Objection. Go ahead and answer.

A. I don't know.

Q. You wouldn't have any idea of that statistic?

MR. ALLISON: Objection. Go ahead

and answer.

A. No. I've never used methotrexate.

Q. Why don't you ever use methotrexate?

A. Since methotrexate has been out, I haven't had a patient with an ectopic pregnancy.

Q. Okay. What percentage of your patients that have had ectopic pregnancies that have just resolved?

MR. ALLISON: Objection.

A. I'd be guessing. Maybe I've had three patients with ectopic pregnancies and one of them resolved on its own, but that's a small number of patients.

Q. The other two, how did they resolve?

A. They had surgery.

Q. Laparoscopic surgery?

A. Yes.

Q. How many patients have you had over your career that have had missed abortions?

A. I couldn't guess at the number.

Q. Could you give me an estimate?

A. Fifty or sixty maybe.

Q. And how many of those patients have had to undergo some type of life-saving surgery down the road --

MR. ALLISON: Objection.

Q. -- that related in part to retained parts of conception?

MR. ALLISON: Objection.

A. None.

Q. Okay. Would you agree with me that at least a portion of the procedure that was performed at The Cleveland Clinic in August of 1997 on Cheryl Stanca related to the retained parts of conception?

MR. ALLISON: Objection. Go ahead and answer. If you're including the hysteroscopy, the D and C, as well as the laparoscopy, laparotomy and subsequent surgery, then that's fine.

Q. I am.

A. August 21st, 1997?

Q. Yes.

A. I'm sorry, ask me one more time.

Q. Would you agree with me that at least part of this surgery was performed to remove the retained parts of conception?

that?

A. That she did evaluate the patient appropriately and did appropriate testing to follow the patient's course.

Q. What other opinions are you going to express at the trial?

A. Those are the general ones.

Q. Okay. Are you going to express any opinions about my client, Cheryl Stanca?

MR. ALLISON: In what respect, Tom?

Q. In any respect.

MR. ALLISON: Again, with respect to Dr. Plecha's trial testimony, that will obviously depend on what I ask her and/or what you ask her at trial. To the extent that you can answer that question, Doctor, go ahead.

A. I don't have an opinion about Mrs. Stanca in general.

Q. Okay. Do you have any opinions about any of the desires that she had in this pregnancy?

A. (Shaking head.)

MR. ALLISON: Independent of the records?

Q. You've looked at the records, the

deposition transcript of Ms. Stanca. Do you have any opinions about this patient?

MR. ALLISON: Objection. Go ahead and answer.

A. Not any generalized opinions, no.

Q. Any specific opinions?

A. Regarding what specifically?

Q. I'm asking you, Doctor. This is a discovery deposition. I'm here to ask you what opinions you're going to offer at trial, and if you don't tell me today what opinions you're going to offer, I'm going to move to exclude anything that you bring up at trial.

So I just want to know what opinions you have in this case that you plan to give at trial about the care and treatment that this patient received or about this patient's behavior with respect to this pregnancy.

MR. ALLISON: Objection. As with the deposition of Dr. Engel, when I asked him the same question, he said my opinions are generally set forth in my report; if you have a specific question you want to ask me, I will do my best to answer them. I think that's what Dr. Plecha is telling you now, Tom.

Q. Notwithstanding his speaking objection, you can answer my question.

A. I can respond to specific questions.

Q. Okay. So what you're telling me is that what you've told me, I guess I don't -- Do you have any other opinions other than that this doctor followed the accepted standards of medical care and that she evaluated this patient appropriately and that she did the appropriate testing to follow the patient's course?

MR. ALLISON: Again, as to the Doctor's opinion --

MR. ROBENALT: I understand your objection.

MR. ALLISON: -- that will be expressed at trial, it depends on what I ask her. If you want to ask her whether she feels that Dr. Chaho's care was in any manner related to what the plaintiff's alleged injuries in this case are, that type of thing, that's all she's trying to do, Tom, is to get you to ask her specific questions. And I'm not going to have her limited in her trial testimony because

you asked her for some nebulous, general opinions and then quit there, you know.

MR. ROBENALT: That's fine. You can say whatever you want to say, Tom, but I'm getting tired of the speaking objections.

MR. ALLISON: You're not any more tired of them than I was in Atlanta.

MR. ROBENALT: You're leading this witness down a path.

MR. ALLISON: No, I'm not.

MR. ROBENALT: Yes, you are and you know it.

MR. ALLISON: I'm just trying to make the situation be fair, just like it was fair when we were in Atlanta with Dr. Engel. If you want to ask her specific questions, the Doctor will be more than happy to try to answer them. She's already told you that.

BY MR. ROBENALT:

Q. Doctor, can you answer my question?

MR. ALLISON: Objection. Go ahead and answer, Doctor.

A. I don't have general opinions. If you ask me about specific things that happened, I'll be happy to give you my opinion.

Q. Do you have any other opinions that you plan to offer at trial other than the fact that this doctor followed accepted standards of medical care, that she had evaluated this patient appropriately, and that she did the appropriate testing to follow the patient's course?

MR. ALLISON: Objection. Those are conclusions. Do you want to ask her about the bases for them? That's fine.

Q. You have to answer. Just because he objects, he's doing that for the record, you have to answer my questions.

MR. ALLISON: Objection.

A. But I have. If you give me something specific to answer --

Q. Are you telling me that you don't have any other opinions to offer at trial, other than the question I've repeated two times in a row?

MR. ALLISON: Objection as to the same comments I've made before with the same question the third or fourth time.

A. Well, my understanding of what I'm supposed to do in a deposition is answer

specific questions.

Q. You're not answering my question.

A. You're not asking a specific question, I don't think,

Q. I don't think it's your place to tell me how to ask questions. I don't think it's Mr. Allison's place.

A. I'm telling you what my understanding of your questions is, is that it sounds like just a general opinion question versus what specifically about the case do you want me to talk about.

Q. Doctor, let's see if you can follow my question and answer my question, and I'll note Mr. Allison's objection for the record.

MR. ALLISON: Mr. Allison will make his own objections whenever he feels it's appropriate.

Q. Are you going to offer any other opinion at trial, other than the opinion that Dr. Chaho followed accepted standards of medical care, that she evaluated this patient appropriately, and that she did the appropriate testing to follow this patient's course?

MR. ALLISON: Objection. Last

time, go ahead and answer it, Doctor.

A. Okay. The things I'll discuss, if I'm asked, are why I think that all of those things are true.

Q. Okay. Tell me what the basis of this opinion is.

A. Okay. I'll read through my notes. On April 17th, the patient had her first visit with Dr. Chaho. And this is just a brief overview, obviously. On May lst, she had spotting. On May the 5th, she passed a small clot. On May the 7th, she had an ultrasound which showed a sac and no fetal pull.

On May the 8th, she had a beta HCG of 11,568. On May the 8th, Dr. Chaho said that she suspected that a spontaneous abortion was possible versus an early IUP or intrauterine pregnancy. The patient stated she desired conservative management and was given a D and C handout.

On May the 10th, the beta HCG was 8,755. On May the 12th, Dr. Chaho felt the findings were consistent with the completed abortion and offered the patient D and C. On May the 19th, the beta HCG was 2,059. On May

29th, Dr. Chaho saw the patient; she had no complaints.

On June the 2nd, her beta HCG was 7020.9. On June the 9th, her beta HCG was 371.9. On June 18th, her beta HCG was 126.4. On June 23rd, Dr. Chaho saw the patient and removed a cervical polyp. On June 27th, her beta HCG was 47.2. On July 3rd, her beta was 65.9. On July llth, her beta HCG was 49.7.

On July 14th, Dr, Chaho saw the patient; she was without symptoms, denied pain or vaginal bleeding; and Dr. Chaho did an endometrial biopsy which subsequently showed products of conception. On July 21st, her beta HCG was 44.3. On July 28th, her beta was 44.5. On July 9th, her beta HCG was 37.9.

And on July 29th, the patient had a visit to the emergency room for mild to moderate right lower quadrant pain over 24 hours and sudden onset of acute pain at 20:30 hours. On July 31st, the patient saw Dr. Chaho in the office; she stated her pain was improving, and on exam she did have some tenderness. Dr. Chaho started her on Keflex, which is an antibiotic. By phone on 8/7, Dr.

Chaho followed up with the patient, and she reported that she was a febrile and was having mild menstrual cramps with a period.

Q. What date was that?

A. August the 7th. On August the 12th, Dr. Chaho phoned the patient, and the patient said her period was light and she wasn't having much cramping. On September -- Let me see here. On August the 18th -- Is that right? Patient was seen by Dr. Mary Wallborn for complaints of bowel problems since 7/29/97, and her beta was 12.

Q. Go ahead. I'm sorry, have you finished?

A. I'm finished with my notes.

Q. Are you finished with all of the factors that support the basis of your opinion in this case, your opinions in this case?

A. No.

Q. Okay, tell me what else supports.

A. The patient was seen by Dr. Christian on 8/19/97, and she had an ultrasound done on 8/20/97, which showed a collection or mass in the uterus as well as loculated fluid in the pelvis.

On 8/91/97, patient underwent diagnostic hysteroscopy, dilation and curettage, laparoscopy, exploratory laparotomy, and evaluation of pelvic abscess, lysis of adhesions, and Hartmann's pouch, with a primary diagnosis of perforated sigmoid colon, other diagnoses of sigmoid abscess and retained products of conception.

Pathology reports on that surgery showed necrotic chorionic villi, suppurative appendicitis, chronic inflammation in the colon wall, marked acute inflammation with subcostal abscess and chronic abscess of the sigmoid colon.

I'm not sure where all of my records are that I'm looking for, just a minute here. I'm looking for Remsey's letter.

MR. ALLISON: They would probably be farther down that stack.

A. Okay. On October 1, 1997, there's a letter dated from the colorectal surgeon, Dr. Remsey, to Mrs. Stanca, recalling that he operated on the patient with Dr. Christian in late August of '97 for pelvic abscess. It says, at that time your sigmoid colon was

embedded into this abscess. The sigmoid colon was most likely the source of this problem.

And in January of '98, the patient was reoperated by Dr. Remsey. There was laparotomy, lysis of extensive adhesions, anterior proctosigmoidectomy with staple anastomosis, excision of the left ovarian cyst with marsupialization.

Preoperative status, post Hartmann's procedure for diverticular disease and left ovarian cyst. Postoperative diagnosis was status post Hartmann's procedure for diverticular disease and left ovarian cyst. Subsequent to that surgery in January of '98, January 5th of 1998, Dr. Remsey did a colonoscopy on the patient which showed scattered diverticula, otherwise normal colonoscopy.

On March 3rd of 1998, Dr. Remsey wrote a letter to Dr. Wallborn saying, as you know, this young lady had problems, young lady referring to the patient, had problems with perforated diverticulitis which I had to be involved during laparoscopic examination by Dr. Christian. They operated on her August of '97.

This isn't a quote.

And then quote the letter again, after that we followed her on a routine basis. I did a flexible colonoscopy, and this was normal except for some diverticulosis at the other part of the colon. In addition, he says he did a Hartmann take-down which is a reanastomosis of the colon. We did this on 1/20/98. She did perfectly postoperatively with pretty much no problems at all.

Just check these notes. And I believe there was a follow-up office visit from Dr. Christian, but I'm not seeing it.

MR. ALLISON: Isn't that it.

A. No, that's August '97. That's January 6th of '98, Dr. Christian saw her. I thought there was one more.

MR. ALLISON: There it is, 11 something '97. It's not in that stack, though.

A. It would have to be '98.

MR. ALLISON: I'm sorry, '98.

A. Did I get that one?

MR. ALLISON: Yes, you did.

A. I thought I saw it here. Sorry.

MR. ALLISON: No problem, there it

is -- or well, you had it.

Q. As you sit here, what do you recall about that visit in November of '98 that you thought was significant?

MR. ROBENALT: I don't think you should show her that record.

THE WITNESS: Okay.

MR. ROBENALT: You're going to pull a record out of your file that has your highlighting on it?

MR. ALLISON: Sure. It's a record. Do you have a clean one from 11/17/98? Because somewhere this one has gotten misplaced.

THE WITNESS: I had it. I don't know what I did with it.

BY MR. ROBENALT:

Q. What do you remember?

A. I remember that he saw her, examined her, thought that her pelvic exam had improved. That's all I recall.

Q. Do you have an opinion as to whether or not this patient is infertile based upon a medical probability?

A. No.

Q. You don't have an opinion?

A. She hasn't had any infertility evaluation.

Q. Okay. So just so the record is clear, you do not have -- you cannot express an opinion as to whether or not this patient is infertile?

A. Correct.

MR. ALLISON: Objection.

Q. And now you've indicated or you referred to the colonoscopy, the report of the colonoscopy by Dr. Remsey, and you quoted him as saying there were some scattered diverticulosis at the other end of the colon; what do you understand that to mean? Does he mean other end other than where she had the problem, other than the other part of the colon -- strike that.

What do you interpret that note to mean?

A. On his note it says scattered diverticula.

Q. And what does it say on the letter?

A. Is that in here?

Q. It's in the stack there.

MR. ALLISON: I think it's at the

bottom, actually.

A. Thank you. Okay. I'll read what he said. Let's see. After that we followed her up on a routine basis. I did a flexible colonoscopy, and this was normal except for some diverticulosis at the other part of the colon.

Q. What do you understand other part of the colon to mean; does that mean away from the portion of the colon that was resected in his procedure?

MR. ALLISON: I'm sure it was way away since the portion of the colon that was resected is no longer with her.

A. Yeah, that was my interpretation, was that the colon that remained, that wasn't excised.

Q. Well, you haven't talked to **Dr.** Remsey, correct, about that issue?

A. No, no.

Q. And is there anything in his note or letter that indicates that the diverticulosis was anything severe in nature or anything that caused any pouches or was presenting any problems to the patient?

A. Diverticula are pouches.

MR. ALLISON: Objection.

Q. Okay. Is there anything that indicates that the -- that when he did the flexible colonoscopy that there was any need for follow-up treatment for the diverticulosis?

A. Let's see. He says I did tell her to take Metamucil one tablespoon a day with 8 ounces of fluid to regulate her bowels and have her bowel movements a little softer. In addition to this, I gave her the option to come and see me in six months if she has any problem; otherwise, I will be leaving her under your care.

Q. But he didn't recommend anything other than Metamucil; is that correct?

A. Correct.

Q. And you are aware of Dr. Wallborn's testimony, are you not, that this patient had never been treated for diverticulosis either before or after any of the procedures that were performed at The Cleveland Clinic?

MR. ALLISON: Objection.

A. Can you tell me where she said that in her deposition exactly?

Q. I can't. Doctor, I'm asking if you recall her testimony in that regard?

A Okay. I don't recall specifically. I'll look over her deposition.

Q You might want to look at the last page. I think I recall asking that in the last thing that I asked her.

A Thank you. On page 20, lower right-hand corner, is that you asking questions, right?

Q Twenty-one.

A This is page 20. Oh, okay, it goes by quadrants, page 21. Question, okay, was there anything prior to Dr. -- I'm sorry, anything prior to your visit on August 18th, 1997, that indicated that Cheryl Stanca had diverticulitis or diverticulitis-related disease process? Answer, not that I'm aware of.

Q And do you have an opinion as to whether or not the -- Based upon Dr. Wallborn's testimony, Dr. Christian's testimony, Dr. Engel's testimony and the records in this case, do you have an opinion as to whether or not the perforated sigmoid colon is related to the

retained products of conception?

A. Yes.

Q. What's your opinion?

A. That the perforated sigmoid colon was not related to the retained products of conception.

Q. And do you also mean that it's not related in any way to the care and treatment that this patient received from Dr. Chaho?

A. The perforated sigmoid colon?

Q. Correct.

A. Yes, it is not related.

Q. You have noticed, have you not, that your opinion is contrary to the opinion espoused by Dr. Christian and Dr. Engel in this regard; is that correct?

MR. ALLISON: Objection. Go ahead and answer it.

A. Dr. Christian's notes in the record I think concur with my opinion. His opinions in the deposition were a little bit different.

Q. Okay, So my question is, and I think my question was, based upon your review of Dr. Engel's testimony and Dr. Christian's testimony in this case, your opinion about the

cause of the perforated sigmoid colon is different than, and opposite to, the testimony offered by Engel and Christian?

MR. ALLISON: Objection. Go ahead and answer.

A. It's different, yes.

Q. Okay. And it's directly opposite their position; is that correct?

MR. ALLISON: Objection. Go ahead and answer.

A. Well, Dr. Christian's opinion was a little bit -- he went a little bit roundabout, and so I don't -- I didn't feel like he committed one way or another. He just kept saying, well, they have to be related because I can't understand it if they're not. So I don't know about being opposite to something that's so circuitous. But my opinion is that Dr. Chaho's care of this patient was not related to her ruptured sigmoid colon.

Q. Okay. Have you seen any medical literature that indicates that an infectious process in the uterus can cause bowel problems?

MR. ALLISON: Objection.

A, Yes.

Q. Okay. And have you seen any literature that indicates that an infection within the uterus can cause a perforation in the sigmoid colon or any part of the colon?

A. No.

MR. ALLISON: Objection.

Q. How is it that a -- How is it that an infection within the uterus can cause bowel problems?

MR. ALLISON: Objection.

Q. How mechanically does that happen?

MR. ALLISON: Objection.

A. Well, the uterus is infected in the lining. There can be inflammation externally and that can create inflammation of the bowel and cause bowel symptoms. If the patients have pelvic inflammatory disease, infection can traverse through the cervix, up the uterus, through the tubes into the pelvis, and if abscess results, that can irritate the bowel.

Q. Have you ever known a PID to cause any type of perforation in the sigmoid colon or any part of the colon?

MR. ALLISON: Objection.

A. No.

Q. Never seen any reported cases of that?

MR. ALLISON: Objection.

A. No.

Q. Have you ever been asked to look for reported cases of that?

MR. ALLISON: Objection.

A. No.

Q. Have you done any medical research about that when it comes to this case?

A. No.

Q. What textbooks do you have on your shelves in your office that relate to the management, diagnosis and treatment of missed abortions, spontaneous abortions or any of the issues in this case?

A. None.

Q. Okay. What textbooks did you use when you were in medical school that dealt with those issues?

A. Oh, Tolene's Gynecology, that's the only one I can remember author and title.

Q. Have you ever used Williams Obstetrics in your practice?

A. Yes.

Q. Have you ever used The Textbook of Gynecology by Larry Copeland?

A. No, not that I recall.

Q. Have you ever used The Handbook of Obstetrics and Gynecology by Ralph Benson?

A. Not that I recall.

Q. Have you ever used Current Obstetrics and Gynecology Diagnosis and Treatment by Ralph Benson?

A. Not that I recall.

Q. Have you ever used Management of Labor and Delivery by Robert Creasey?

A. Yes.

Q. And given the fact that you've used these textbooks, would you consider them authoritative?

MR. ALLISON: Objection. Nothing is authoritative.

Q. Would you consider them authoritative?

MR. ALLISON: If you know what he means by authoritative.

A. No.

Q. Why not?

A. Because nothing -- Few things in

medicine are absolute that you can say this absolutely is the one way that this can be managed; and to me that's what authoritative means, the final authority or the last word.

Q. You've relied upon the texts that you identified in your practice, but you are telling me that they're not authoritative?

MR. ALLISON: Objection. She already answered, but go ahead and answer it again.

A. Yes.

Q. Did Dr. Chaho order any complete blood counts for this patient after the first one that was ordered in April?

A. I'm just looking back in the lab section of the records that I have from Dr. Chaho. The only blood count I have in my record is April the 23rd, 1997.

Q. Are blood counts helpful in diagnosing missed abortion, ectopic pregnancy, blighted ovum?

MR. ALLISON: Objection.

A. Not sure I understand your question.

Q. Are they helpful in the diagnosis,

management and treatment of missed abortion, blighted ovum or ectopic pregnancy?

MR. ALLISON: Objection.

A. I don't commonly order them for missed abortion or blighted ovum, but I would sometimes in following a patient I thought might have an ectopic.

Q. What about a patient that you've had on the differential diagnosis of missed abortion, is a complete blood count important to determine if there's any coagulation disorder?

MR. ALLISON: Objection.

A. A blood count isn't a coagulation study, no.

Q. What **do** you do to determine if a patient has any coagulation disorder?

A. **Order** a coagulation profile.

Q. Was any coagulation profile ordered for this patient?

MR. ALLISON: Objection.

A. No, not that I see in the records.

Q. Why not?

MR. ALLISON: Objection.

A. I don't know.

Q. Have you ever ordered any coagulation profiles with respect to the patients that you've treated for -- that may have had missed abortion in the differential diagnosis?

MR. ALLISON: Objection.

A. Not that I can recall.

Q. Never used it?

A. Not that I can recall.

Q. Did you ever use it in your treatment of any of your patients?

A. Of any of my patients?

Q. Yes.

A. Yes.

Q. Why have you used it?

A. For patients with excessive menstrual bleeding, I've ordered coagulation profiles to see if they had a coagulation defect.

(Record read back by the court reporter.)

Q. Have you been taught in your medical training that sometimes patients with abnormal pregnancies will confuse vaginal bleeding and discharge as a menstrual period?

MR. ALLISON: Objection. Go ahead

and answer it.

A. Yes.

Q. And tell me, if you could, what the signs and symptoms are of a missed abortion.

A. Spotting or bleeding, there may be; falling quantitative beta HCGs; failure to demonstrate viability on ultrasound. Those are the three big ones, I'd say.

Q. And this patient had every one of those symptoms; is that correct?

A. Yes.

Q. Would you agree that this patient had a missed abortion?

MR. ALLISON: Objection, unless you know what he means.

Q. Well, tell me what this patient had, inevitable abortion, incomplete abortion, missed abortion, tell me how you would characterize this patient, and in early May of 1997. And when I say early May, I'm probably referring to May 19th when you knew there was a sac within the uterus and an HCG level below 6,000.

A. My differential was a missed abortion, blighted ovum or ectopic pregnancy.

Q. And have you ever let a patient with that differential diagnosis proceed for over two months without any definitive action?

MR. ALLISON: Objection, asked and answered, mischaracterization. Go ahead and answer if you can, Doctor.

A. I'm sorry, ask the question one more time.

Q. Have you ever had a patient with that differential diagnosis that has been allowed to proceed without anything other than serial HCGs being ordered?

MR. ALLISON: Objection.

A. Not that I can recall.

Q. Are you critical of the fact that Dr. Chaho did not order anything other than serial HCGs after May 19th, 1997?

MR. ALLISON: Objection.

A. No.

Q. Why not?

A. She followed -- The patient had close follow-up with her. The patient remained asymptomatic as far as presenting with any serious problems, and the beta HCGs continued to decline, and the patient declined D and C.

Q. Can you tell me in the medical chart, Doctor, where the patient a declined D and C?

A. Okay. On 5/8/97 it says at the bottom, handout regarding D and C and patient will consider this, desires conservative management at this time.

Q. Doctor, does it say anything in that chart that a D and C was recommended to the patient?

MR, ALLISON: Objection, unless you know what he means by recommended.

A. Ask me one more time, sorry.

Q. Does it say anywhere in that record of May 29th, 1997, that a D and C was recommended?

MR. ALLISON: You're asking if those words appear in that notation --

MR. ROBENALT: I'm asking a question, Tom. If she doesn't understand the question, she can tell me she doesn't understand the question.

MR. ALLISON: Objection.

BY MR. ROBENALT:

A. The only reference to D and C is

that a handout was given and that the patient would consider it.

Q. And, in fact, the patient was told to repeat HCG quantitative levels, correct?

A. Yes.

Q. Okay. Now, tell me where else in the chart you think that this patient declined a D and C.

A. Okay. On May the 12th, it says D and C offered, but in view of possible completed AB, will await path report.

Q. Does it say anywhere in this note that the patient declined to have a D and C?

A. No.

Q. Okay. It also indicates in this note that the patient will -- or the doctor wanted to recheck HCG quantitative levels in one week, correct?

A. Yes.

Q. It also indicates that the doctor wanted to await pathology report, correct?

MR. ALLISON: Objection. It doesn't say the doctor wanted to wait.

A. It says will await path report.

Q. Okay. When is the next indication

in the medical chart that leads you to believe that this patient declined a D and C?

A. Okay. July 14th, 1997, at the bottom it says, also discussed D and C versus laparoscopy and patient does not desire this at this time.

Q. Does it say in here that a D and C was offered and declined by this patient?

MR. ALLISON: Objection.

A. It says patient does not desire this at this time,

Q. Does it say in there, Doctor, that a D and C was offered?

A. It says also discussed D and C.

Q. Does it say that a D and C was offered?

A. No.

MR. ALLISON: Objection.

Q. And it also states in that office visit, does it not, that endometrial biopsy was discussed versus methotrexate and that the patient was going to come in today for an endometrial biopsy, and if no parts of conception, will do methotrexate; does it say that, Doctor?

A. Yes.

Q. Can you tell me why a physician would recommend methotrexate and a D and C in the same visit?

MR. ALLISON: Objection.

A. In this particular case, you're talking about?

Q. Yes.

A. I'd be guessing as to why she offered the methotrexate.

Q. I don't want you to guess. Can you tell me why?

A. I don't know why she offered the methotrexate. It doesn't say in the note.

Q. Would you agree that that's a little confusing?

MR. ALLISON: Objection.

A. I'm not confused by it.

Q. Would you agree that a discussion about endometrial biopsies, methotrexate, D and C and laparoscopic procedure would be a little confusing if it was all discussed in one sitting --

MR. ALLISON: Objection.

Q. -- or telephone call?

MR. ALLISON: Objection.

A. It could be.

Q. Okay. Where else do you see in the chart that a D and C was offered and declined by this patient?

A. July 14th was the last notation I saw by Dr. Chaho about a D and C.

Q. July 14th?

A. Correct.

Q. Show me the record where it says D and C.

A. Discussed D and C.

Q. Oh, okay, on the previous page.

A. We just talked about that, right.

Q. Do you understand that this was a telephone call on the 14th, the first page, do you understand that that was a telephone call, and then later she appeared for the endometrial biopsy which resulted in the second page of that note; is that your understanding?

A. Yes. It says patient will come to office today, so I assume she wasn't in the office.

Q. So the last time a D and C was discussed by this physician was on the

telephone on July 14th, 1997, correct?

MR. ALLISON: Based on the record.

Q. Based on the record.

A. According to what's in the chart, yes.

Q. Is there any other reason to believe that this patient was offered and declined a D and C other than what's in this chart?

MR. ALLISON: Objection.

A. And I would -- Well, except for what Dr. Chaho said in her deposition.

Q. Okay. Anything other than that?

A. Not that I'm aware of.

Q. On May 12th can you tell me why the doctor would order recheck of the quantitative HCGs levels in one week and discuss a D and C in the same sitting?

MR. ALLISON: Objection.

A. Well, following the HCGs is a way to follow the resolution of the pregnancy, and the D and C is an option to treat a missed AB.

Q. And in your practice if you offer a D and C to a client or to a patient and the patient declines it, what do you put in your

medical chart?

MR. ALLISON: Objection.

A. I'd hopefully put down what the patient wanted and what I wanted to be done.

Q. Okay.

A. And then I'd make a plan.

Q. And in the case of -- Have you ever recommended to a patient that she have a D and C and the patient said no?

MR. ALLISON: Objection.

A. Yes.

Q. Okay. And what have you written in your experience in the medical chart?

MR. ALLISON: Objection.

A. Something to the effect that the patient declined the D and C.

Q. Okay. And do you -- What do you state in the medical chart about it; do you say I recommended D and C and patient declined it, is that something similar to what you'd state?

A. Yes.

MR. ALLISON: Objection.

Q. Okay. What did you do -- Have you had more than one patient that said she didn't want a D and C?

A. Yes.

Q. Okay. How many patients have you had that have said they -- where you recommended a D and C and they said I don't want to have one?

A. Are you talking about all my patients for any circumstances?

Q. I'm talking about since you've been in the private practice.

A. For all my patients?

Q. Yes.

A. Okay. Maybe a dozen.

Q. And have you ever had that occur when you've advised the patient that the pregnancy is nonviable?

A. Yes.

Q. And what do you do with a patient in that -- that does that?

MR. ALLISON: Objection.

A. I've examined them and follow their beta HCGs to be sure they decline.

Q. And what happens if the beta HCGs stall at some point in the mid 100 range?

MR. ALLISON: In the?

Q. Mid 100 range.

MR. ALLISON: Objection.

A. I tell them that we probably should think about doing a D and C.

Q. And if they decline doing a D and C, what would you do at that point?

A. Find out why they declined it, and then if their exams were stable, say, well, we can try to follow, check one or two more betas and see if it starts to fall.

Q. What are the risks of a patient in that situation not going forward with a D and C?

A. Short-term to immediate weeks over a few weeks, probably minimal. You know, long-term potentially there's a risk of coagulation defect, not common, but it can happen; infection; persistent bleeding, which is more of an inconvenience than an actual problem; but sometimes heavy bleeding and that's a problem, they can become anemic.

Q. Any other risks?

A. I think those are the major ones.

Q. In July -- On July 14th, 1997, do you have any criticisms about the plan that was espoused by Dr. Chaho in the chart?

A. Are you in the office visit?

Q. Yes.

A. The plan was will call office, I'm assuming that means the patient is going to call the office, 7/17/97 for results, will proceed with methotrexate per FGH protocol if not consistent with products of conception.

Q. And then on the 17th, the pathology report indicated that it was consistent with degenerating parts of conception, correct?

A. Yes.

Q. And it was not consistent with moler, correct?

A. Correct.

Q. What's it say after that in the chart?

A. Patient informed and repeat HCG quantitative for Monday, 7/21/97, patient will call Monday for result.

Q. Do you have any criticism of Dr. Chaho's actions or plan in this particular instant, instance?

MR. ALLISON: Are you talking about as of 7/21/97?

Q. Correct.

A. No. The only criticism I would say is, I might have wanted to see her back, might have written that I wanted to see her back in the office versus just having her come for a blood drop.

Q. And why would you want to see her back in the office?

A. To again -- You know, she's been doing serial pelvic exams. To be sure the cervix remains closed and the pelvic exam remains normal.

Q. Have you ever in your practice used any type of drugs to assist a patient in discharging retained parts of conception?

MR. ALLISON: Objection.

A. No.

Q. Any suppositories or anything of that nature?

MR. ALLISON: Objection.

A. Not in the first trimester, no.

Q. Well, in July, on July 14th, we're not in the first trimester anymore, are we?

A. We never left the first trimester.

Q. You never left the first trimester?

A. No.

Q. What have you used in the second trimester to assist a patient in passing parts of conception?

MR. ALLISON: Objection.

A. Well, by second trimester, it's a fetus and we've used prostaglandin suppositories. We've used intra-amniotic saline injections.

Q. And is it your understanding that those cannot be used in the first trimester?

MR. ALLISON: Objection. Go ahead and answer.

A. I've never used them at that time. I'm not aware of a use for them at that time.

Q. You've never seen any literature that they can be used in the first trimester?

A. No.

Q. Have you ever seen any articles published by Wayne McBride?

A. Not that I recall.

Q. What authors do you think or what authors do you recognize as authors -- Well, let me ask you this.

What authors in the field of obstetrics and gynecology do you recognize as

authors who publish acceptable articles?

MR. ALLISON: Objection.

A. There are a lot, there are many.

Q. Well, what come to your mind?

MR. ALLISON: Objection.

A. How many do you want me to name?

Q. Just whatever comes to your mind.

MR. ALLISON: This is just generally in obstetrics and gynecology; is that right, the entire field of the OB/GYN?

Q. Right.

MR. ALLISON: Okay. Objection. GO ahead and answer.

A. Leon Spiroff, Daniel Michele, Creasey who you mentioned, there's Philip Desia. I mean, there's a lot.

Q. Have you ever seen anything by Martin Pernoll, P E R N O L L, or Sarah Carmel?

A. No.

Q. Is it possible for a uterine infection to travel outside of the uterus without uterine perforation?

A. Yes.

Q. How is that possible?

A. It can travel through the fallopian

tubes.

Q. Is there any other way that it can travel outside of the -- a uterine infection can travel outside of the uterus?

A. Well, it could go through the uterine walls if the entire uterus was involved with infection, the entire uterus was abscessed, then adjacent organs could be abscessed.

Q. Okay. Any other method?

A. Not that I can think of.

Q. What about an infection that -- Can an infection travel from the uterus through the bloodstream to another portion of the body?

A. Well, if it's in the bloodstream, it goes to all portions of the body.

Q. Let me just review my notes. I think we're pretty close to being done.

Have you ever worked with anybody who currently works at the Fairview Medical Group?

A. Not that I'm aware of.

Q. Do you know anybody in the Fairview Medical Group?

A. No.

Q. Have you ever worked with Dr. Remsey or Dr. Christian or Dr. Chaho in the past?

A. Dr. Christian's name sounds familiar because I notice he went to Case, but I don't know if I ever met him or not. There was a woman in my med school class named Christian, so I don't know if I'm confusing her with him. As far as last name, the last name rings a bell.

MR. ALLISON: That would be his wife, as I recall.

THE WITNESS: No. This is an ophthalmologist in Philadelphia now, so it's not his wife.

MR. ALLISON: Sorry, that would not be his wife.

BY MR. ROBENALT:

Q. Do you know any doctors on staff at The Cleveland Clinic Foundation?

A. Yes.

Q. Who do you know at The Cleveland Clinic Foundation?

A. Well, if they're still there, Linda Bradley and Margie Greenfield were to two

gynecologists I know.

Q. What's your charge for testimony in this case?

A. For deposition?

Q. Yes.

A. $700 an hour.

Q. And do you plan on coming to Cleveland for trial?

A. If I'm requested to be there, yes.

Q. What's your charge for a day of testimony in trial?

A. If I have to travel out of town, $2,000 a day.

Q. Would you agree with me that the damage and injuries sustained by Ms. Stanca was extensive?

MR. ALLISON: Objection.

A. She had a serious medical problem.

Q. Life-threatening medical problem?

A. Potentially.

Q. And would you agree that she had, when she was opened up by Dr. Christian, that she had a severe pelvic infection?

A. Yes.

Q. The two ultrasounds ordered by Dr.

Chaho, were they transabdominal ultrasounds?

A. I'll have to check the record. Oh, let's see here. Ultrasound for May the 7th, 1997, I don't see it specified as transabdominal.

Q. Okay. What about the -- Did you say there was one in April as well?

A. You said that.

MR. ALLISON: 4/17.

Q. There it is.

MR. ALLISON: It's in Dr. Chaho's office note.

A. Oh, but there's not a printed report? Let me see if there's a printed report. The only printed report I see is the one from -- I see from May the 7th.

Q. Okay.

A. In her office note on April 17th, there's mention of ultrasound findings, but it doesn't specify whether it was transabdominal or not.

Q. Is there anything abnormal about the ultrasound finding in that note?

A. It says sure L and P but size means much less than dates, very -- something, I

think uterus, with positive --

MR. ALLISON: That's FH, if the record is not clear.

A. Okay. FH, which would mean fetal heart, but question of fetal pull, not consistent with nine weeks' gestation.

Q. So there was an indicator on April 13th that this was not a normal pregnancy; is that correct?

MR. ALLISON: Seventeenth.

Q. I'm sorry, the 17th, April 17th.

A. It says not consistent with nine weeks, not consistent with her dates.

Q. So she's either off on the dates or it's an abnormal pregnancy, correct?

A. Those are two possibilities, yes.

Q. And can I turn your attention to the ultrasound that was performed at the hospital on September -- I'm sorry, on July 30th, 1997.

A. Um-hmm. Is that the ER visit?

Q. Yes. It's also in Dr. Chaho's notes.

A. Okay.

Q. Actually, I'd prefer that you turn

to the one in Dr. Chaho's notes.

MR. ALLISON: What's the difference.

A. Okay.

Q. Go to the page before that, if you could. Is this the ultrasound that you questioned in your handwritten notes in the chart whether or not she received this ultrasound report, did MD get ultrasound report, and that was a question, correct?

A. To review, yes.

Q. That was a question that you wrote in the chart?

A. Correct.

Q. And why did you write that?

A. Just wanted to know if she saw it.

Q. Okay. Did you think at this -- Tell me what the impression is and how you interpret this impression for this patient.

MR. ALLISON: Are you talking about the ultrasound report of --

MR. ROBENALT: July 30th.

MR. ALLISON: Done at the St. John West Shore emergency room?

MR. ROBENALT: Correct.

BY MR. ROBENALT:

A. It says heterogeneous material in intrauterine cavity. Given the clinical history, endometritis are prime considerations, a moler pregnancy or even ectopic cannot be concluded. Correlation with serial quantitative HCG beta is necessary. There is free fluid within the pelvis.

Q. What does free fluid within the pelvis indicate to you?

A. It's a nonspecific finding.

Q. It could indicate that there's some type of infectious process within the pelvis, correct?

MR. ALLISON: Objection.

A. It rarely pans out to be that.

Q. But it certainly could be, correct?

MR. ALLISON: Objection.

A. It could be pus, sure.

Q. With this finding on an ultrasound, is there any reason to do a culdocentesis?

MR. ALLISON: A who? Why don't you describe the procedure.

Q. I'm not very good at this word. You know what I'm trying to say.

MR. ALLISON: I'd never admit that.

Q. Culdocentesis.

MR. ALLISON: Spell it.

A. He said it, culdocentesis.

Q. Okay, Is there any -- Would there be any situation where you would get a report like this and send a patient for culdocentesis?

MR. ALLISON: Objection.

A. The only times I've done culdocentesis is if I'm worried about a ruptured ectopic pregnancy. But when I see free fluid on an ultrasound, no, I don't do a culdocentesis.

Q. Have you ever seen an ultrasound where there is fluid adjacent to the right egg nexus?

A. Yes.

Q. Does that indicate any type of infectious process?

MR. ALLISON: Objection.

A. Not necessarily.

Q. The fact that there was decreased areas of -- decreased and increased echogenicity, is that of any significance to you?

A. It just describes how much the tissue either absorbs or bounces off the ultrasound wave.

Q. Is that an indication that there might be some type of infectious process going on?

MR. ALLISON: Objection.

A. Echogenicity is not a specific finding of infection, no.

Q. There was a transabdominal ultrasound also done by St. John's West Shore Hospital; is that correct?

A. Yes.

Q. And that was on July 30th, 1997, correct?

A. Yes.

Q. And transvaginal pelvic sonogram recommended, do you know why that was not done by Dr. Chaho?

MR. ALLISON: Well, excuse me, that's the one you just read.

Q. Okay.

MR. ALLISON: They did two at St. John West Shore.

Q. So the sonogram that's recommended

in the transabdominal ultrasound was the transvaginal ultrasound; is that correct?

A. Yes.

Q. Okay. If you had a patient that was almost two months to the date past the time where you knew there was either a blighted ovum, ectopic pregnancy or missed abortion that came back with a transvaginal ultrasound similar to what came back in this case on July 30th, 1997, what would you do?

MR. **ALLISON:** Objection.

A. I'd examine the patient, check her vital signs, rediscuss with her having a **D** and C, review the course of her beta HCGs.

Q. And did Dr. Chaho do any of those things?

A. Well, she examined her on July 31st and recommended getting another quantitative in two weeks, started her on oral antibiotics for a question of early infection and prescribed laxative or enemas for complaints of constipation.

Q. And in that visit she also indicated that she cannot rule out early infection; is that correct?

A. Correct.

Q. And what do you do with respect to patients that have early infection in the differential diagnosis?

MR. ALLISON: Objection.

A. I test them, treat them with antibiotics and follow up with them to be sure that things get better, that they improve.

Q. What would be your plan of action had you seen the patient on July 31st, 1997, and she had acute right lower quadrant pain with a history of over two months after your diagnosis that this was either blighted ovum, ectopic pregnancy or missed abortion?

MR. ALLISON: Objection.

A. She had the acute pain on July 29th, and then she saw her two days later on July 31st, and the patient stated the pain was improving but not resolved. She was mildly tender on exam, so she gave her some antibiotics. That's --

Q. I'm asking what you would do.

A. Yeah. I would have examined her, decided what kind of treatment was going to be done, antibiotics would be a choice, and then

arrange for her to have follow-up. I'd probably see her back in a week to be sure that she's getting better.

Q. You'd let the patient go for a week with this symptomatology?

A. With a mildly tender exam and improving, yes.

Q. Would you call the hospital and get a copy of the records that related to her visit?

A. Yes. That's why I wrote my note here, did the MD get the ultrasound report to review.

Q. Okay. And it appears from this record that she did not get a copy of any record from the emergency room until August 7th, 1997; is that correct?

MR. ALLISON: Objection.

A. Her note on August 7th says pelvic ultrasound from ER reviewed.

Q. Okay. Is there anything in the chart that indicates that she received it before August 7th, 1997?

A. No.

Q. Do you know why she waited for a

week?

MR. ALLISON: Objection. That assumes that she waited, and I think that if you look at Ms. Stanca's testimony, it will answer that question.

A No, I don't know why.

Q Does Dr. Chaho indicate on August 7th, 1997, that she's going to continue to check HCG levels?

A It says patient desires to continue conservative therapy, recheck HCG 8/12/97.

Q And does it also say that if it's not resolved, will strongly recommend D and C?

A Yes, it does.

Q It certainly doesn't say in that note that she strongly recommended D and C to the patient on August 7th, 1997, does it?

MR. ALLISON: Objection.

A It says, if not resolved, will strongly recommend D and C.

Q Would you agree with the statement that, if there's no yoke sac present and no cardiac activity, that you can rule out ectopic pregnancy?

MR. ALLISON: I'm sorry, Tom, I

missed that one. What was that, no yoke sac and what?

Q. And no cardiac activity, that you can rule out ectopic pregnancy?

A. Where, I mean, what are you looking at?

Q. I'm asking you a specific question.

A. Uh-huh,

Q. Would you agree with the statement that, if there's no yoke sac seen and there's no cardiac activity seen, that you can for all intents and purposes rule out ectopic pregnancy?

MR. ALLISON: One second, Doctor. In the generality of that question, I mean, if the doctor can answer it, that's fine, but you're not saying how you're seeing things, where you're seeing or what point in time or anything else.

A. Or where you're seeing them.

Q. Okay. Let's narrow it down to some type of ultrasound, whether it's transabdominal or transvaginal, would you agree that if there's no yoke sac seen and no cardiac activity that you can rule out an ectopic

pregnancy?

MR. ALLISON: Objection.

A. Not seen in the uterus?

Q. Not seen anywhere.

A. No.

Q. You wouldn't agree with that?

A. No.

Q. Why not?

A. Sometimes you can have ectopic pregnancies in the egg nexus that can't be seen on ultrasound.

Q. Would you agree that a transabdominal ultrasound can generally pick up a uterine sac at about four to five weeks after the last menstrual period?

A. Depending on the position of the uterus and whether the patient's obese or not, that has some bearing on it.

Q. But on a patient who's not obese, would you agree with that statement?

A. If the patient is not obese and the uterus isn't sharply retroverted and the bladder is full, yes.

Q. Would you agree that an intrauterine pregnancy can usually be confirmed

by pelvic ultrasound at approximately 36 days after conception?

A. Are you talking transabdominal pelvic ultrasound?

Q. Yes.

A. Again, it depends on, you know, multiple factors, but yes, sometimes it can be.

Q. Would you agree that microscopic presence of chorionic villi of the intrauterine contents excludes ectopic pregnancy?

MR. ALLISON: Objection.

A. Yes, except in the rare instance that there could be simultaneous intrauterine and ectopic pregnancies.

Q. Was this basically a wait and see approach?

MR. ALLISON: Objection.

Q. I've seen some medical literature that say wait and see approach; was this what Dr. Chaho was doing?

MR. ALLISON: Objection.

A. To me, my opinion is that wait and see implies sitting back and doing nothing. I would say that this was conservative management, which means ongoing things were

being done and followed.

Q. Have you ever seen any written guidelines that discuss what should be done with respect to conservative management of a missed abortion, ectopic pregnancy or blighted ovum?

MR. ALLISON: Objection.

A. Yes.

Q. And where have you seen those?

A. I don't recall. Many things written in the literature about that.

Q. And what is your understanding of the criteria for that?

A. If the beta HCGs continue to decline, the patient remains stable and asymptomatic, there's not excessive vaginal bleeding, that the patient can be followed until the beta HCGs decline to less than five.

Q. Any other criteria that you can think of?

A. Well, we talked about, you know, you can choose to get coagulation studies, if you're worried about that as a side effect -- or as a complication; follow for signs of infection.

Q. Okay. I have one more thing here.

MR. ALLISON: Are you going to give me copies of all of these articles you're looking at?

MR. ROBENALT: No, absolutely not.

MR. ALLISON: Well, you've given me all the authors, so we're in good shape anyway.

BY MR. ROBENALT:

Q. How do you come up with a finding of hemoperitoneum?

MR. ALLISON: Objection to relevancy. Go ahead,

Q. How does a physician look for hemoperitoneum?

MR. ALLISON: Objection.

A. In trauma cases they do peritoneal lavage.

Q. Any other way?

A. You can put a laparascope in. You can open the abdomen with a bigger incision.

Q. Any other many methods?

A. You can do a culdocentesis.

MR. ROBENALT: I don't have any further questions at this time, Doctor. Thank you very much.

MR. ALLISON: Doctor will read the transcript. If it's all right with you, Tom, if the transcript can just be sent to me and then I'll get it to Dr. Plecha for her review; is that okay?

MR. ROBENALT: That's fine.

MR. ALLISON: All right.

CHRISTINE PLECHA, MD

- - -

DEPOSITION CONCLUDED AT 4:35 P.M.

- - -

C E R T I F I C A T E

STATE OF OHIO

: SS

COUNTY OF HAMILTON :

I, LISA CONLEY, RMR-CRR, the undersigned, a duly qualified and commissioned notary public within and for the State of Ohio, do hereby certify that before the giving of her aforesaid deposition, the said CHRISTINE PLECHA, MD, was by me first duly sworn to tell the truth, the whole truth and nothing but the truth; that the foregoing is the deposition given at said time and place by the said CHRISTINE PLECHA, MD; that said deposition was taken in all respects pursuant to Notice to Take Deposition; that said deposition was taken by me in stenotypy and transcribed by computer-aided transcription under my supervision; that the transcribed deposition is to be submitted to the witness for her examination and signature; that I am neither a relative of nor attorney for any of the parties to this cause, nor relative of nor employee for any of their counsel, and have no interest whatever in the result of the action.

IN WITNESS WHEREOF, I hereunto set my hand and official seal of office at Cincinnati, Ohio, this_____ day of _____, 1999.

MY COMMISSION EXPIRES: JULY 29, 2004.

LISA CONLEY, RMR-CRR
NOTARY PUBLIC-STATE OF OHIO

COURT OF COMMON PLEAS
CUYAHOGA COUNTY, OHIO

- - -

CHERYL CASE STANCA, ET AL.,
PLAINTIFFS,
-VS- : CASE NO. 361016
AMY CHAHO, MD, ET AL.,
DEFENDANTS.

- - -

Lisa Conley, RMR-CRR, a court reporter, first duly cautioned and sworn, testifies and affirms that CHRISTINE PLECHA, MD, a witness herein, was notified that the transcript was ready for review and signature on Thursday, October 28, 1999, by forwarding a copy of the transcript to Thomas H. Allison, Esq.

Within seven days (pursuant to Rule (30)E of the Ohio Rules of Civil Procedure), CHRISTINE PLECHA, MD a witness herein, did not present signature of said deposition.

The original transcript is now being tendered into the hands of Thomas **D**. Robenalt, Esq.

Further affiant sayeth naught.

Lisa Conley

Lisa Conley, RMR-CRR

Sworn to me and subscribed in my presence this day of , 1999.

Karen Mason
Notary Public: State of Ohio
My commission expires: 9/21/2003

IN WITNESS WHEREOF, I hereunto set my hand and official seal of office at Cincinnati, Ohio, this

26 day of October, 1999.

Lisa Conley

MY COMMISSION EXPIRES:
JULY 29, 2004.

LISA CONLEY, RMR-CRR
NOTARY PUBLIC-STATE OF OHIO

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1997

4/17 - 1st visit

Read: [redacted] (bowel rupture)
- Decline BUCG

5/1 - [redacted]

5/5 "clot"

5/7 WS ⊖ pole, ⊕ sac

5/8 → Denies conservative mgmt

5/ ∂ offered

5/29 d/o's

6/23 → NL exam

7/14 - NL exam, pt declines D+C
EMB done → POC

7/21 ⊖ HCG done

7/28 HCG 44.5

7/29 ER visit (Mild - mod LLQ pain x 24hrs, ~~dull~~ pain @ 2030)

7/31 mild pelvic, LLQ tenderness / Keflex

8/7 - By phone, pt afeb, mild menstrual cramps

8/12 - By phone, light menses, mild cramping

8/18 - "Bowel problems" since 7/21/97 (Wallburn

HCG's	
5/8	11,568
5/10	8755
5/19	2059
6/2	720.8
6/9	371.2
6/18	126.4
6/27	47.2
7/3	65.9
7/11	49.7
7/21	44.3
~~[redacted]~~	
7/29	37.9
8/18	12

PLAINTIFF'S EXHIBIT
X
12/19/99

CURRICULUM VITAE

NAME: **Christine Ellen Plecha, M.D.**

ADDRESS: **15 Warwick Place**
Cincinnati, Ohio 45246

TELEPHONE: Home: (513) 771-9283

PERSONAL DATA

Birthdate: **June 27, 1958**
Cleveland, Ohio

Marital Status: **Married - Francis Florez, M.D.**

Children: Alexander **Plorez**
Kathryn Florez

Interests: **Tennis, Golf, Spectator Sports**

EDUCATION

Collese: **Duke University**
Durham, **North** Carolina
Graduated: May, 1980 **Cum Laude**
Degree - B.A. French Literature

Awards: **MacAnderson Scholarship for Study Abroad**

Graduate School: **Case Western Reserve University,**
Department of Biology, Cleveland, Ohio
Attended: 1980-1981

Medical School: **Case Western Reserve University School of Medicine**
Cleveland, Ohio
Graduated: May, **1985**
Degree - M.D.

Awards: **Elected** to **Alpha Omega** Alpha

Academic: **Diplomat of National Boards**

Residency: **University** Hospitals **of Cleveland,**
MacDonald Hospital for **Women**
Department of Obstetrics and Gynecology
Cleveland, *Ohio*
Chairman: Dr. Leon Spearoff
July, 1985 - June, 1989

PLAINTIFF'S EXHIBIT 2
10/19/99 GMC

PRIVATE PRACTICE:

Drs. Klauser, Janicki, David & Associates, Inc.
University Suburban Health Center/
University Hospitals of Cleveland
Cleveland, Ohio
August, 1989 - July 1991
General Obstetrics and Gynecology

Drs. Palmer & Pottschmidt, Inc.
10506 Montgomery Rd.
Suite 503
Cincinnati, Ohio 45242
July, 1992 - Present
General Gynecology

APPOINTMENTS:

Clinical Instructor, Case Western Reserve
University School of Medicine
Department of Reproductive Biology
Cleveland, Ohio
August, 1989 - December, 1991

BOARD CERTIFICATION:

Certified Diplomate of The American Board of
Obstetris and Gynecology, Inc.
December, 1991

REFERENCES:

Upon Request