







1 A P P E A R A N C E S :

2

FOR THE PLAINTIFF:

3

Mr. Dennis R. Lansdowne  
Spangenberg, Shibley & Liber  
2400 National City Center  
1900 East Ninth Street  
Cleveland, Ohio 44114-3400

6

7

FOR THE WITNESS:

8

Ms. Deirdre G. Henry  
Weston Hurd Fallon Paisley & Howley  
2500 Terminal Tower, 50 Public Sq.  
Cleveland, Ohio 44113-2241

10

11

12

FOR MANHAL A. GHANMA, M.D.:

13

Mr. Jay Kelley (By Speakerphone)  
Jacobson, Maynard, Tuschnan & Kalur  
1001 Lakeside Avenue, Suite 1600  
Cleveland, Ohio 44114

15

16

17

FOR LORAIN COMMUNITY ST. JOSEPH MEDICAL  
CENTER:

18

Ms. Susan Massey (By Speakerphone)  
Arter & Hadden  
1100 Huntington Building  
Cleveland, Ohio 44115

20

21

22

23

24

25

1                   The oral deposition of ARABA B.  
2           QUANSAH, M.D. was taken on JULY 14, 1997,  
3           beginning at 11:36 a.m., at the Marriott  
4           Dallas, 8440 Freeport Parkway, Room 1926,  
5           Dallas, Dallas County, Texas, before  
6           Steven A. Baum, a Certified Shorthand  
7           Reporter and Notary Public in and for the  
8           State of Texas, pursuant to Agreement, the  
9           Ohio Rules of Civil Procedure, and the  
10          following stipulation of counsel for the  
11          respective parties that:

12                   IT WAS STIPULATED AND/OR AGREED  
13          that the deposition is to be signed by the  
14          witness before any Notary Public or officer  
15          authorized to administer oaths.

16  
17  
18  
19  
20  
21  
22  
23  
24  
25

1 ARABA B. QUANSAH, M.D.,  
2 called as a witness and having been first  
3 duly sworn, testified as follows:

4

5

EXAMINATION

6

BY NR. LANSLOWNE:

7

Q Doctor, would you please state your full  
8 name.

9

A Araba, "B" is my middle initial, and the last  
10 name is Quansah.

11

Q Doctor, as you know, we've got a couple of  
12 people on speakerphone --

13

A Yeah. I'll try and talk louder.

14

Q So if you try and keep your voice up, that  
15 would be great.

16

A Yeah. Okay.

17

Q And as you remember from last time we took  
18 your deposition, you have to answer out loud  
19 as opposed to gestures or huh-uhs and  
20 uh-huhs. Okay?

21

A Okay.

22

Q I know we had some difficulty with that last  
23 time, but --

24

A I'll try.

25

Q -- we'll get through it. Okay?

- 1    **A**    Okay.
- 2    **Q**    **And** you recall from last time that if at any  
3           time you don't understand my question, please  
4           tell me to rephrase, and I'll do that.    Okay?
- 5    **A**    Okay.
- 6    **Q**    And if at any time you don't hear: my  
7           question -- since we're near the airport, a  
8           plane goes over or something -- please tell  
9           me that as well.    All right?
- 10   **A**    Yes.
- 11   **Q**    If you need at any time to take a break,  
12           please feel free to do so.    All right?
- 13   **A**    Yes.
- 14   **Q**    Answer a page or something like that, just  
15           feel free to do that.    If at any time you  
16           need to --
- 17   **A**    Let me turn my pager off.
- 18                           (Discussion off the record)
- 19   **Q**    Okay.    Doctor, if at any time during the  
20           course of this deposition you need to go back  
21           and add to or change an answer that you've  
22           given previously, please interrupt me and  
23           feel free to do so.    All right?
- 24   **A**    Yes.
- 25   **Q**    Okay.    Now, since the last time we took your

deposition, have you been able to review anything else relating to this case?

A I have reviewed my deposition, and I have reviewed the pictures.

Q The photographs of the anesthesia --

A Yes.

Q -- equipment?

A Yes.

Q Anything else?

A No.

Q All right. Other than Ms. Henry, have you discussed this case with anyone else since the other deposition?

A No.

Q When did you first have an opportunity to review the photographs of the anesthesia equipment?

A This was sometime in May when I got a letter from Ms. Henry with the pictures in it.

Q Prior to May of 1997 had you ever seen the photographs of the anesthesia equipment?

A Not the way it is now. I remember when they took the Polaroid picture, everything was dark -- you couldn't read anything from it -- that was in the operating room. And that was

ing some  
hat time?  
couldn't

ack in

o take  
e room to  
w what

did

of the

mation

I

said

t her the

just

o worry

1 about that.

2 MR. LANSDOWNE: Right.

3 Q (By Mr. Lansdowne) Had you ever asked about  
4 the photos after July -- what **was** it, the  
5 15th --

6 A Yes.

7 MS. HENRY: Yes.

8 Q (By Mr. Lansdowne) -- of '95?

9 A No.

10 Q Just so I'm clear about this, then: At the  
11 time of -- well, let me strike -- I'm just  
12 trying to get this into sequence here so we  
13 can move a little quicker.

14 As of the time that you left  
15 St. Joseph's Hospital in 1995, you were under  
16 the impression that the photographs did not  
17 show any information, correct?

18 A Yes, sir.

19 Q And that was your impression at the time of  
20 the last deposition?

21 A Yes. Uh-huh.

22 Q Okay. Now, obviously you've had an  
23 opportunity to review the information that's  
24 displayed on those photographs?

25 A Yes.

1 Q And based upon your review of those  
2 photographs, do you have any opinion as to  
3 the cause of Mr. Porter's death?

4 A No.

5 Q Do the photographs -- I'll just ask a broad  
6 question. If you can answer this, fine; if  
7 you can't, we can break it down. But I'll  
8 just ask you in general: Having read your  
9 deposition, having looked at the photographs,  
10 other than the fact of learning that the  
11 photographs do show anything, does this  
12 information change your testimony at all  
13 about the events?

14 A No.

15 Q I'm going to start with a photograph that was  
16 marked "Exhibit 2-0, Anderson," in Madeline  
17 Anderson's deposition.

18 MR. LANSDOWNE: Susan, do you have  
19 the photographs?

20 MS. MASSEY: Yeah, but I don't have  
21 them marked. Can you just state what it  
22 looks like a little bit, or the first time  
23 that you can see?

24 MR. LANSDOWNE: Sure. Exhibit --  
25 well, **why** don't I have the doctor describe

1 it.

2 MS. MASSEY: Sure.

3 MR. LANSDOWNE: And then you can  
4 sort of catch **up**, because I frankly don't  
5 know how to describe some of this stuff.

6 MS. MASSEY: **Okay.** Sure.

7 MR. LANSDOWNE: But, just for your  
8 records, it's Exhibit 2-0 in Anderson's  
9 deposition.

10 MS. MASSEY: Okay.

11 **a** (By Mr. Lansdowne) Doctor, could you  
12 describe what that photograph shows,  
13 Exhibit 2-01

14 **A** This looks like the back of the  
15 Hewlett-Packard monitor.

16 **Q** The back of the monitor?

17 **A** Yes.

18 **Q** And does that show anything about the  
19 connections or anything?

20 **A** It looks like everything is connected, as far  
21 as I can see from this picture.

22 **Q** Everything appears to be in working order?  
23 Is that fair to say?

24 MS. HENRY: Well, objection. How  
25 is she going to know that?

- 1 Q (By Mr. Lansdowne) I'm saying just from  
2 appearances.
- 3 A All I can say is that it looks like they are  
4 all -- it's connected.
- 5 Q All right. Fine. This Photograph 2-0  
6 shows -- well, you would not be looking at  
7 this during the procedure --
- 8 A No.
- 9 Q -- correct?
- 10 A No.
- 11 Q This is the back of the monitor?
- 12 A Yes.
- 13 Q And on the front of this is the actual  
14 displays?
- 15 A Yes.
- 16 Q Exhibits 2-P and 2-Q appear to be canisters.  
17 Could you just describe those two --
- 18 A Yeah. These are oxygen and -- both of them  
19 are green, so it looks like oxygen cylinders.
- 20 Q They both appear to be oxygen cylinders?
- 21 A Yes.
- 22 Q Can you tell anything from the dials as far  
23 as the levels of oxygen, anything like that?
- 24 A No, not -- huh-uh.
- 25 These are for emergency. We use

- 1 oxygen from the pipeline into the room. And  
2 these cylinders are there just **in case that**  
3 the pipeline fails. Okay? And I've never  
4 had that happen before, when I had to go and  
5 use this. But we do have them there,, and we  
6 have to check that they are there when we  
7 come in8
- 8 Q Okay. I take it, then, that those cylinders  
9 shown in 2-P and 2-Q were not used at all in  
10 Mr. Porter's --
- 11 A No.
- 12 Q -- case. Correct?
- 13 A No, sir.
- 14 Q Do you know why these photographs were taken?
- 15 A I don't know8
- 16 Q Let's look at Exhibit 2-B. Can you describe  
17 what that shows?
- 18 A This is a table display from the monitor.  
19 What that is is you go in -- you push  
20 "Patient Data" on the monitor,, and it will  
21 display that so that you can go back and look  
22 at the values, the monitor values, previous  
23 values, in case you need to go back to check  
24 them.
- 25 Q Okay. So it shows a display of past

- 1 information, correct?
- 2 A Yes .
- 3 Q Now, while the procedure is going on, what is  
4 showing on that display?
- 5 A It's a different screen we have on. You have  
6 an EKG, you know, **wave** going across  
7 continuously. Then you have a pulse, a  
8 number that is showing on the screen. Okay?  
9 Then you have the waveform from the pulse  
10 oximeter, continuously, with a number showing  
11 the oxygen saturation. And then you have the  
12 blood-pressure values showing on the screen.  
13 And then if you have some other things you  
14 are monitoring, you know, during that time,  
15 that's. . . .
- 16 Q You can monitor other things as well?
- 17 A Yeah. Like CVP pressure, central venous  
18 pressure, if you have a central line; or, if  
19 you have an arterial line, distance or  
20 monitor. But this is not the screen you are  
21 looking at as you are doing the case.
- 22 Q Right. What about end-tidal CO<sub>2</sub>? Does that  
23 show on that --
- 24 A We have another monitor. And in that room we  
25 have a monitor called Rascal. And that's

- 1            what monitors the end-tidal CO<sub>2</sub> and the  
2            amount -- the oxygen, percent of oxygen, and  
3            gas, anesthetic inhalation agent.
- 4    Q        That's a separate monitor --
- 5    A        Yes.
- 6    Q        -- altogether --
- 7    A        Yes.
- 8    Q        -- from what we're looking at --
- 9    A        Yes, sir.
- 10   Q        -- in Exhibit 2-B, correct?
- 11   A        Yes.
- 12   Q        Just so we don't have too much tangled up on  
13            the record --
- 14   A        Uh-huh.
- 15   Q        -- if you'd let me finish my question -- I  
16            know sometimes I'm slow getting my question  
17            out --
- 18   A        Yes, sir. I'm sorry. I --
- 19   Q        -- but if you bear with me, we won't have as  
20            much chatter on the record. Okay?
- 21   A        Okay.
- 22   Q        All right. Could you tell me what all the  
23            values are, starting at the top and going to  
24            the bottom an 2-B? Do you know what I mean,  
25            top to bottom?

- 1 A Okay. On the very top, it says "Table  
2 Display."
- 3 Q Okay.
- 4 A And under that -- this one is not very  
5 clear.
- 6 Q There's a line that has "Time" on it,  
7 correct?
- 8 A On top of it, yes.
- 9 Q What do those times represent?
- 10 A Those are the times that the table display  
11 gives you for different time intervals, like  
12 9:50, 9:55. Okay. You can get the display  
13 at five-minutes interval, at one-minute  
14 interval, at 10-minutes interval, if you  
15 want.
- 16 Q That's something that's set by the  
17 anesthesiologist?
- 18 A No. That one -- this is just a table  
19 display. If you push -- under it, you **see**  
20 "Zoom In"?
- 21 Q Yes.
- 22 A If you push "Zoom In," it goes to one-minute  
23 interval. And then if I'm on one-minute  
24 interval and I push "Zoom Out," it goes to  
25 five-minute interval; I push it again, it may

1 go to 15-minute interval. That's what it's  
2 all about.

3 Q Okay. Based upon your review of the  
4 photographs, what intervals did you select  
5 for Mr. Porter's case?

6 A During the monitoring phase, when we have a  
7 different screen on, okay --

8 MS. HENRY: He just wants to know  
9 about this (indicating).

10 A Oh. This, the table, I just -- since I  
11 monitor this, I write the values five  
12 minutes, I push the five-minute.

13 Q (By Mr. Lansdowne) Okay. Now, more towards  
14 the bottom there's another time entry. Do  
15 you know what that time entry is?

16 A I think that is the time that is probably the  
17 time that it actually takes the blood  
18 pressure.

19 Q Okay. Because it's different than the time  
20 on the top.

21 A Yes. Yes. Yes.

22 Q And you're not sure, but you think that  
23 it's. . . .

24 A The time that it actually takes the blood  
25 pressure, the cuff -- it takes the cuff

- 1           pressure .
- 2    Q    And then the time above is the time what?
- 3    A    That's like 9 -- I don't know what is this --
- 4           9:05 -- no -- 9:15. I can see 9:15. Okay?
- 5           It's what the computer says is the values you
- 6           have at 9:15. Okay? But that actual blood
- 7           pressure that is taken, put in there, was
- 8           taken at 9:17.
- 9    Q    It's taken at 9:17 --
- 10   A    Yeah.
- 11   Q    -- but it displays it as if it was at 9:15?
- 12   A    It probably -- it takes the nearest, because
- 13           it may not have had the blood pressure
- 14           monitored at exactly 9:15, blood-pressure
- 15           value at exactly 9:15. Okay. So, on there,
- 16           if you want to display five-minutes interval,
- 17           it takes the nearest time that it got the
- 18           blood pressure.
- 19   Q    So the times on the bottom row of times can
- 20           actually differ; they can be five minutes,
- 21           six minutes, seven minutes?
- 22   A    No, it cannot be five minutes if I have a --
- 23           more than five minutes if I have a
- 24           five-minute display and I was taking the
- 25           blood pressure at most once every three

1 minutes, you know. It will take the  
2 nearest -- it cannot put "9:22" on the 9:15,  
3 because it would have taken the blood  
4 pressure much closer to 9:15.

5 Q Well, it's probably I just don't understand  
6 this equipment. But if you look at 2-C,  
7 which you can see the numbers a little  
8 clearer on this one but it's from a different  
9 point in time --

10 A Uh-huh.

11 Q -- you'll see that the numbers on the bottom  
12 rows sometimes are more than five minutes  
13 apart.

14 A Oh, no. The 9:50 -- the bottom row says  
15 9:52. 9:55, the bottom row says 9:58.  
16 10:00 o'clock, it says 10:01. 10:05, it says  
19 10:06. 10:10, it says 10:11.

10 MS. HENRY: Do you see what  
19 we're --

20 A At the bottom.

21 Q (By Mr. Lansdowne) So when you talk about  
22 within five minutes, you're talking about  
23 within five minutes from the top row to the  
24 bottom row?

25 A Yeah. Uh-huh.

- 1 Q Okay. But I still have the question: On  
2 that bottom row, it's more than five minutes  
3 in between the times --
- 4 A Oh, it would take --
- 5 Q Wait. Let me finish.
- 6 A Sorry.
- 7 Q -- in between the times that the blood  
8 pressure is actually taken, correct?
- 9 A Yes.
- 10 Q Okay. Why is that, then, if you're taking  
11 readings every five minutes if the machine is  
12 actually taking them less than every five  
13 minutes?
- 14 A If you were to push the "Zoom In" and go to  
15 one-minute interval, okay, it may show you  
16 the in-between blood pressures.
- 17 Q I don't understand that at all. The --
- 18 A Okay. For example, the 10:00 o'clock, it  
19 **says** it was taken at 10:01. Okay? There's  
20 another one taken at 10:04 or 10:03, which  
21 would not show here unless you push the "Zoom  
22 In" button; that will give you the top row at  
23 one-minute intervals. So that's what I mean.
- 24 Q So how often is the machine actually taking  
25 the blood pressure?

1 A It's how you set it.

2 Q How often was it in **Mr. Porter's case?**

3 A As I remember, it was three minutes, every  
4 three minutes.

5 Q So the Hewlett-Packard anesthesia equipment  
6 was taking Mr. Porter's blood pressure every  
7 three minutes --

8 A Yes.

9 Q -- during the procedure, correct?

10 A Yes, Yes.

11 Q But it was displaying it to you on  
12 five-minute intervals?

13 MS. HENRY: Wait a minute. We've  
14 got to *go back* here. I think she said early  
15 in her deposition that this is not the  
16 screen --

17 MR. LANSDOWNE: I understand that.

18 MS. HENRY: Okay. This is the  
19 patient data for -- if she presses it.

20 MR. LANSDOWNE: Right.

21 MS. HENRY: So what she's looking  
22 at in three minutes, she doesn't look at this  
23 screen.

24 Q (By Mr. Lansdowne) I understand that when  
25 you're doing the procedure, unless you push

1           the display button you're not getting the  
2           material that's shown on these photographs.  
3           Correct?

4    A    Yes, sir.

5    Q    But in terms of what you're looking at, how  
6           often were you getting a blood-pressure  
7           reading for Mr. Porter?

8    A    Okay. I set the machine at three minutes,  
9           blood pressure at three-minutes intervals.

10                 Also, during the case, if I feel  
11           necessary --

12                 MS. HENRY: No. He just wants to  
13           know what time you set it at.

14                 THE WITNESS: Okay.

15   Q    (By Mr. Lansdowne) Okay. So on the screen  
16           that you actually looked at, you got a  
17           blood-pressure reading every three minutes?

18   A    Yes.

19   Q    And if you wanted to, you could get it every  
20           one minute?

21   A    Yeah.

22   Q    Do you know if during the procedure you ever  
23           did that, zoomed in and got it every one  
24           minute?

25   A    No. No. The "Zoom In" is for the display.

- 1 Q Oh. Okay.
- 2 A Okay.
- 3 Q If you wanted to look at it more often, could  
4 you have done that?
- 5 A Yeah. You can push the "Stat Blood Pressure"  
6 button, and it will cycle and give you a  
7 blood pressure.
- 8 Q Did you ever do that during this procedure?
- 9 A Yes. Yes.
- 10 Q You recall that?
- 11 A When I get -- for example, when that blood  
12 pressure dropped, okay, I kept pushing the  
13 "Stat," you know, trying to get more blood  
14 pressures as I was treating it. Instead of  
15 waiting for three minutes, I kept pushing the  
16 "Stat" button.
- 17 Q Now, you have -- you record the blood  
18 pressures in your anesthesia graphic, right,  
19 that paper right in front of you?
- 20 A Yes. Yes.
- 21 Q What do you use to make those entries?
- 22 A Okay. These arrows are for blood pressure.
- 23 Q Yes.
- 24 A The arrow going up is the systolic blood  
25 pressure, and the one down is diastolic blood

1 pressure.

2 Q Where do you get the information to make the  
3 entries on the graphic?

4 A Normally, on the screen that I'm looking at  
5 as I am doing the case.

6 Q The screen that you're looking at in the case  
7 of Brad Porter was showing you a blood  
8 pressure every three minutes?

9 A Yes.

10 Q And you record it every five minutes?

11 A Yeah. That's the way I record it.

12 Q So how did you correlate three minutes that's  
13 showing up with the five minutes that you're  
14 recording? Do you understand what I mean?

15 A Yes, I do. 9:30, I look at the screen, and  
16 what was on the screen at 9:30 is what I  
17 record.

18 Q Okay. So the blood pressure stays there on  
19 the screen and then changes every three  
20 minutes, correct?

21 A Yes.

22 Q So whatever it happened to be when you looked  
23 at it on five-minute intervals, that's what  
24 you put down, correct?

25 A Yes.

1 Q All right. Just so we have it on -- looking  
2 at 2-C again, I guess, because that's a more  
3 clear picture of --

4 MS. HENRY: That's this one,  
5 right? So then you can....

6 MR. LANSLOWNE: Right.

7 MS. HENRY: And she can use this  
8 one.

9 MR. LANSLOWNE: This would be the  
10 exhibit -- for Susan and Jay's sake -- that  
11 starts out at -- the time starts out, in the  
12 top left, at 9:15, in the blue letters,

13 MS. MASSEY: Okay.

14 MR. LANSLOWNE: Do you follow me?

15 MS. MASSEY: Yes.

16 MR. LANSLOWNE: Okay.

17 Q (By Mr. Lansdowne) Can you just go down the  
18 list and tell me the information that you get  
19 from there, what all those lines mean?

20 A Okay. At 9:50 you can see a heartrate of  
21 138.

22 Q Okay. I really don't -- I'm just interested  
23 in what the lines are. The values we'll talk  
24 about later.

25 A Okay. Heartrate; ST depression; pulse;

1           systolic blood pressure; diastolic blood  
2           pressure; mean blood pressure; and then the  
3           times that we were talking about; and then  
4           the saturation, oxygen saturation; and the  
5           temperature.

6    Q    Okay .

7                               (Discussion off the record)

8                               (A recess was taken)

9    Q    Okay.  Let's look at Exhibit 2-E.

10                           MR. KELLEY:  Are we starting again?

11                           MR. LANSLOWNE:  Yes, we are.

12                           MS. MASSEY:  Okay.

13   Q    (By Mr. Lansdowne)  We're going to look at  
14           Exhibit 2-E, which is another picture of the  
15           display table.  And the first time is 9:05,  
16           on the top, and 9:09 on the bottom.  Look at  
17           that, Doctor .

18   A    Yes.  Uh-huh.

19   Q    Okay .

20   A    Okay .

21                           MS. HENRY:  You've got better eyes  
22           than I do.  I couldn't see that.

23   Q    (By Mr. Lansdowne)  At 9:12 -- again,  
24           referring to the lower time line --

25   A    Yeah,

- Q           the blood pressure displayed is 67 over  
2           **461**
- 3    A    Uh-huh.
- 4    Q    You have to **say "yes."**
- 5    A    Yes .
- 6    Q    Did you **know** during the procedure that **at**  
7           around 9:12 Mr. Porter's pressure was 67 over  
8           46?
- 9    A    Yes.
- 10   Q    How did you know that?
- 11   A    Because it's monitoring the blood pressure  
12          all the time.
- 13                           MS. MASSEY:  We didn't catch that.
- 14   A    I said I can see **it** on the screen.
- 15   Q    (By Mr. Lansdowne)  So you would have seen  
16          that 67 over 46 at some point in time?
- 17   A    Yes.
- 18   Q    That level is never recorded in your paper  
19          graphic, though, is **it**?
- 20   A    No, because I'm not recording from this  
21          screen.  It takes every three minute.  This  
22          was taken at 9:12; I look at the board at  
23          9:15 or 9:10, and this is what I see.
- 24   Q    When you say "this is what I see," you mean  
25          what is recorded on your paper graphic,

1 right?

2 A On the screen, okay, on the screen -- when  
3 the cuff takes the blood pressure, it  
4 displays on the screen.

5 Q Right. Continuously?

6 A Yes. On **the** screen that I'm looking at.

7 Q I think what you're saying is that it just **so**  
8 happens that at 9:10 and at 9:15 the pressure  
9 was higher than it was, apparently, at 9:12.  
10 Correct?

11 A Yes.

12 Q And that's why it's not recorded in your --

13 A Yeah.

14 Q -- paper graphic?

15 A Yes.

16 MS. HENRY: No, she didn't say  
17 that's why it's not recorded; she said she  
18 recorded it at every-five-minute intervals.

19 MR. LANSLOWNE: I know what she  
20 said.

21 A I record at every-five-minute interval, yeah.

22 Q (By Mr. Lansdowne) I understand. But you  
23 would have seen that pressure of 67 over 46  
24 at some point?

25 A Yes.

1 Q Did you inform Dr. Ghanma of that blood  
 2 pressure?  
 3 A This is right after induction, when you have  
 4 given the induction agent. The induct n  
 5 agent can drop the blood pressure. An so  
 6 that -- at that point I treated it, bu I  
 7 wasn't, like, alarmed or "Gee, Dr. Gha a,  
 8 the blood pressure is 'like this,'" be use  
 9

10 Q Okay.  
 11 A And....

MS. HENRY: No. So you didn't  
 12 inform him, right?  
 13 Well, I remember before we turn him over I  
 14 A told him I have to treat the blood pressure  
 15 before we moved him onto the table.  
 16

MS. MASSEY: I missed the end of  
 17 that.

MS. HENRY: Can the court reporter  
 18 MS. HENRY: Can the court reporter  
 19 read the answer back, please.  
 20

MS. MASSEY: Thanks.  
 21 (The pending question was read)  
 22

AA I mentioned it, you know, in the room, "Oh,  
 23 let me treat the blood pressure, and then  
 24 ...ing table."  
 25

1 Q (By Mr. Lansdowne) All right. So this blood  
2 pressure that we're talking about at around  
3 9:12 would have been before the surgery  
4 actually started, correct?

5 A Yes.

6 Q And before the patient was moved onto the  
7 operating table?

8 A Yes.

9 Q And you recall that you did mention something  
10 about the pressure to Dr. Ghanma at around  
11 9 --

12 A I mention it -- I don't know if Dr. Ghanma  
13 had it, but I mention it in the room that  
14 before we move -- but I didn't tell them this  
15 is a -- I didn't tell them what the blood  
16 pressure was or whether it's low; I'm just  
17 saying we have to wait until we move him onto  
18 the operating table.

19 Q You have to keep your voice up, Doctor.  
20 MS. HENRY: You drop it at the

21 end.

THE WITNESS: Okay.

22  
23 A Okay. As soon as we induce him, the blood  
24 pressure had dropped. So I said, "Let me  
25 treat the blood pressure," before we moved

1 him onto the -- just like I'm saying right

2 here; I didn't sound an alarm or anything.  
 (By Mr. Lansdowne) Okay. Well, induction

3 Q

4 was at what time? The

5 A ~~When the blood pressure came I recorded it here is 9:05,~~

6

7 and I think it is right after that that I  
 8 induced the patient.

9 Q Well, what time is the induction? Don't you  
 record what time you induce the patient?

10 According to this, I think it is around the

11 A

12 9:10, 9:12 time that I...  
 When you say "according to this," what are

13 Q

14 you referring to? That photograph?

15

was

16 A Yeah. The blood-pressure drop. That  
 around the time.

17 Q I'm trying to find out what time you induced

18 the patient.

19 A Okay. It's probably between the 9:05 and the

20 9:15 time.

21 Q Why do you say that?

22 A Because this is where I have the dropsol, I  
 23 written out. Okay? I gave the dropsol, I

24

25 gave the Sux, and then I gave the fentanyl  
 and then I turn on the anesthetic gases. So

1           it's around this time.

2    Q    That's 9:05, right?

3    A    No. No. That's 9:15. Between 9:10 and  
4           9:15.

5                    MS. HENRY: It goes from 9:05, and  
6           the next thing is 9:30 that's documented at  
7           the top. See?

8                    MR. LANSDOWNE: Okay.

9                    MS. HENRY: Yeah.

10   Q    (By Mr. Lansdowne) Just for my own  
11           information here: At the "Anesthesia Start"  
12           box in your record, it says "0900."

13   A    Yes.

14   Q    Is that --

15   A    The time we entered the room.

16   Q    And you have a blood-pressure at 9:05?

17   A    Yes.

18   Q    That's a preinduction?

19   A    Yes.

20   Q    You said you did something to treat the blood  
21           pressure, the one that we were talking about,  
22           the 67 **over** 46. What did you do to treat it?

23   A    I gave some phenylephrine.

24   Q    What time did you give the phenylephrine?

25   A    I have phenylephrine in here, in this log.

1 Q Well, what time is that? Sometime --

2 A Because these are large intervals, okay, it's  
3 really hard to put it at the exact time. It  
4 was sometime in between these **two** times that  
5 I placed in here. I have it in between the  
6 **9:15** and **9:30 slot**, but **these are** intervals  
7 and it's really hard to put everything in  
8 exact time that you gave the medication.

9 Q Okay. So sometime between 9:15 and 9:30, you  
10 gave the first dose of phenylephrine,  
11 correct?

12 A Yes.

13 Q Did you attribute the drop in pressure to 67  
14 over 46 to anything?

15 A It could be -- it's the propofol, the  
16 induction agent.

17 Q So you just thought it was a response to the  
18 induction?

19 A Yes. Induction agent.

20 Q Is that a common thing in your experience --

21 A Yes.

22 Q -- to have a sharp reduction in the -- a  
23 sharp drop in the blood pressure --

24 MS. HENRY: Well, wait a minute,  
25 Dennis. We're now going to get to the point

1 we're going to have discussions about what  
2 you're doing here in this

3 MR. LANSDOWNE: I'm asking her  
4 about this --

5 MS. HENRY: No. You're --

6 MR. LANSDOWNE: -- 67 over 46 **which**  
7 is on the --

8 MS. HENRY: Yeah. And you're  
9 asking her about what she did and what her  
10 experience is as to, you know, what the drop  
11 in the blood pressure has to do with it. And  
12 we covered that in the first deposition.

13 MR. LANSDOWNE: No, we didn't,  
14 because I couldn't ask her about this because  
15 I didn't have this information.

16 MS. HENRY: Well, you had her  
17 information that was on her record here, and  
18 she explained what she did based on her  
19 record.

20 MR. LANSDOWNE: There was no  
21 indication of a drop on her written record at  
22 that time.

23 MS. HENRY: Okay.

24 MR. LANSDOWNE: So that's why I'm  
25 asking.

1 Q (By Mr. Lansdowne) This drop that's shown in  
2 the photograph as 67 over 46, you attributed  
3 that to just a response to the induction,  
4 correct?

5 A To the propofol, the induction agent.

6 Q And in your experience is that a common  
7 occurrence?

8 A Yes.

9 Q And it --

10 A Propofol drops blood pressure. And once you  
11 intubate the patient, you know --

12 THE WITNESS: Okay.

13 MS. HENRY: Just answer the  
14 question.

15 Q (By Mr. Lansdowne) And it's your practice to  
16 give phenylephrine in response to this common  
17 drop in blood pressure?

18 A No.

19 Q Okay. Usually you don't give phenylephrine  
20 for just a drop related to the induction --

21 A The induction, yes.

22 Q -- correct? Correct?

23 A Because once you intubate them, you know, the  
24 blood pressure comes back up.

25 Q But that didn't happen with Mr. Porter, did

1           it?

2    A       No.

3    Q       So you had to give phenylephrine?

4    A       Yes.

5    Q       So then, because you had to give  
6           phenylephrine, did you then consider that  
7           this was something different than just a  
8           response to the induction?

9    A       Yes.

10   Q       Well, what did you consider it possibly to  
11           be?

12   A       That he may be septic; he's septic.

13                   MS. MASSEY: We can't hear,

14           Dennis.

15                   THE WITNESS: That he's septic.

16                   MS. HENRY: Now, we did talk about

17   We talked  
18           this in the first deposition.

19           about the low blood pressure and what it was  
20           attributed to. We're not here to redepose --

21                   MR. LANSDOWNE: I'm not redeposing

22           her. I'm asking **her** because --

23                   MS. HENRY: Well, you asked her

24           once before --

25                   MR. LANSDOWNE: This is something

                  different.

1 MS. HENRY: -- if she gave  
2 phenylephrine, in the fir  
3 st deposition, and  
4 why she gave it. And I think she explained  
5 that. Just because you're saying, "Well, now

6 I have a specific blood pressure'' and then  
7 she gave phenylephrine, the sequelae or her  
8 reasons for giving it are not any different.

9 MR. LANSDOWNE: It's not my fault I  
10 wasn't provided with these photographs before  
11 the deposition, as you well know.

12 MS. HENRY: Well, the specific goal  
13 of this deposition was to see -- you felt  
14 there were differences in her record and the  
15 photos as to the values, and you needed to  
16 redepose her to discuss that. I recall  
17 that's the purpose that you set forth in your  
18 motion.

19 MR. LANSDOWNE: That's what I'm  
20 doing.

21 MS. HENRY: Well, now we're past  
22 that, into questions as to what the various  
23 medications do.

24 MR. LANSDOWNE: No. You can't just  
25 pluck these things out. This is part of a

continuing course of care, and I can't

1 retrospectively plug in what I didn't know  
2 before. Now we've got a specific --

3 MS. HENRY: Did you ask her about  
4 phenylephrine before? Yes.

5 MR. LANSDOWNE: Actually I didn't  
6 ask her specifically about phenylephrine, I I  
7 you really want to know the answer to that;  
8 asked her about some of the blood-pressure  
9 readings. But I didn't have all these  
10 blood-pressure readings, because I wasn't ot  
11 provided with the photographs, which was n  
12 my fault, because I'd asked for all the  
13 information.

14 MS. HENRY: And not my fault.

15 MR. LANSDOWNE: I agree it wasn't  
16 your fault. But we're here now.

17 Q (By Mr. Lansdowne) Anyway, Doctor, did you  
18 discuss with Dr. Ghanma the fact that you  
19 thought that this drop in blood pressure was  
20 not just a result of induction?

21 MR. KELLEY: I'm going to object.  
22 I really have to join in the other objection;  
23 I have no idea how this is related to the  
24 photographs -- discussions that she had or  
25 didn't have with Dr. Ghanma.

1 MS. HENRY: Yeah. I'm going to  
2 object.

3 MR. LANSDOWNE: Well, it's  
4 certainly related, because this is f  
5 information that she had that Dr. Ghanma, i  
6 he got it, it came from somebody else, I  
7 probably Dr. Quansah, or he didn't get it.  
8 mean, either Dr. Ghanma was aware of this  
9 information that now we are aware of, this  
10 new information, or he wasn't.

11 MS. HENRY: No. That --

12 MR. LANSDOWNE: I suspect he  
13 wasn't, but --

14 MS. HENRY: No, that is not what  
15 you're at. She testified clearly in her  
16 first deposition about the blood pressures  
17 and how she felt it was due to the fact that  
18 he was septic at that point.

19 Now, you know, she, in her first  
20 deposition, discussed, I think, that whole  
21 situation. And now we're past what her  
22 record says and what the photos say, into  
23 more than that. And, you know, we're going  
24 to be here for hours, redeposing her  
25 completely, and that is not what you

1 represented to the Court you were going to  
2 do, or to me.

3 MR. LANSDOWNE: I'm not, you know,  
4 planning on spending hours, but we will spend  
5 hours if we have to, you know, do this for  
6 every question. I'm asking a simple question  
7 based upon a series of events that began with  
8 the 67-over-46 blood pressure which I was not  
9 provided with and did not have a chance to  
10 inquire about at the previous deposition.  
11 This is all related to that. It's all a  
12 sequence of events.

13 And what she told Dr. Ghanma in  
14 this sequence of events is important because  
15 we're certainly going to ask Dr. Ghanma  
16 whether he was aware of these blood pressures  
17 and, had he been aware, what action he would  
18 have taken, if any. So, I mean, I don't know  
19 any other way to get this information.

20 Q (By Mr. Lansdowne) The question is,  
21 Dr. Quansah: Did you inform Dr. Ghanma that  
22 this drop in blood pressure that we're now  
23 aware of that was not recorded in your paper  
24 graphic -- did you inform him that you now  
25 thought this was probably not related to

1 merely induction?

2 A We took the patient in because the patient  
3 had an infected knee. That was --

4 MS. HENRY: No. He wants to know:

5 Did you --

6 A No. No.

7 MS. HENRY: Okay.

8 Q (By Mr. Lansdowne) You did not inform him?

9 A No.

10 Q Correct?

11 A Yes.

12 Q Why didn't you inform him?

13 A Because we already know the patient is  
14 infected, has an infected knee, and he's  
15 trying to debride the knee. Okay? So I was  
16 trying to manage the patient the best way  
17 possible for him to finish what he has to do,  
18 which is necessary.

19 Q I think we can maybe follow along with that  
20 same -- what were we looking at?

21 MS. HENRY: 2-B.

22 Q (By Mr. Lansdowne) 2-B, yes. What do those  
23 arrows mean next to the blood pressures?

24 A I figure it says the blood pressure is going  
25 up, increasing.

1 Q Do you get those same kind of arrows on th<sup>e</sup>  
2 display that you're lookin<sup>g</sup> at during the  
3 procedure?

4 A No.

5 Q At 9:23, the patient's pressure was 80 over  
6 36?

7 A Yes.

8 Q And at 9:27, 80 over 40?

9 A Yes.

10 Q That would have been after the phenylephrine?

11 A Yes.

12 Q And at 9:34, 86 over 39?

13 A Yes.

14 Q So according to this, this being Exhibit 2-B,  
15 you really didn't get much response from the  
16 phenylephrine, correct?

17 A No. And from more fluid.

18 Q I didn't understand your answer.

19 MS. HENRY: No. Just answer did  
20 you get much response.

21 A No. No.

22 Q (By Mr. Lansdowne) Okay. At 9:37, the  
23 pressure is 90 over 39?

24 A Yes.

25 Q And at some point -- again I'm going to have

1 to ask you your best estimate as to the  
2 time -- you give more phenylephrine, correct?

3 A Yes.

4 Q Are you able to tell me in relation to the  
5 pressures displayed on Exhibit 2-B when you  
6 gave the second dose of phenylephrine?

7 A Yeah. When I put bracket in there, it means  
8 I didn't give all this at one time. I gave  
9 it in between that time, in incremental  
10 doses. Whenever you see the bracket, that's  
11 what it means.

12 Q I'd ask you again: In relation --

13 A What it means that they're in the bracket,  
14 during that period I gave a total of 200.

15 --  
16 MS. HENRY: And he wants to know

17 during what time frame are we talking about.

18 A Between the 9:30 and the 9:45 time frame.

19 Q (By Mr. Lansdowne) Okay.

20 MS. HENRY: And you're looking at  
21 your anesthesia record for that, right?

22 THE WITNESS: Yes.

23 MS. HENRY: Okay.

24 Q (By Mr. Lansdowne) And if we just follow  
25 this through on Exhibit 2-B: pressures at

- 1           9:43, I think, would be 81 over 431
- 2    A    Yes .
- 3    Q    At 9:49, 93 over 40?
- 4    A    Yes.
- 5                    MS. HENRY: Right here, I think, is
- 6    the one you're looking for, Dennis.
- 7                    MR. LANSDOWNE: Oh, yeah. Thanks.
- 8    Q    (By Mr. Lansdowne) On 2-C, at 9:52 would be
- 9    97 over 37?
- 10   A    Uh-huh. Yes, sir.
- 11   Q    So, again, according to the pressures we have
- 12   displayed on the photographs of the
- 13   monitoring equipment, you really didn't get
- 14   much response to the second dose of
- 15   phenylephrine, correct?
- 16   A    Yes .
- 17   Q    And 9:58 is 94 over 41? Again I'm going by
- 18   the photographs.
- 19   A    Yes.
- 20   Q    And then 10:01 is the drop to 62 over 56?
- 21   A    Yes .
- 22   Q    And you have that recorded in your record at
- 23   10:00 a.m. as 65 over 55, roughly, correct?
- 24   A    Yes.
- 25   Q    Now --

- 1 A No. Excuse me. Let me go back. It doesn't  
2 say 65. As you see, the arrow is below the  
3 halfway mark.
- 4 Q So what does that mean?
- 5 A The arrow -- I was recording the 62 over 56.
- 6 Q Okay.
- 7 A Uh-huh.
- 8 Q Now, up until 10:00 o'clock -- let me go  
9 back. We've been discussing based upon the  
10 pressures displayed on the photographs and  
11 your giving two doses of phenylephrine --
- 12 A Yes.
- 13 Q -- without response.
- 14 A Yes.
- 15 Q Did you up until 10:00 o'clock advise  
16 Dr. Ghanma that you were not getting a  
17 response to this phenylephrine?
- 18 A No.
- 19 Q Why not?
- 20 A As I told you before, I knew the patient was  
21 septic. I was trying as much as possible to  
22 maintain some blood pressure until he's done  
23 with what is causing the problem. Okay? So  
24 I was trying to resuscitate him with  
25 phenylephrine and fluid until he's done with

1 his case. But when that blood pressure  
2 dropped again, then it was really a grave  
3 situation, so I told him that I'm having  
4 problems with blood pressure.

5 Q Okay. Had you used phenylephrine before on  
6 patients?

7 A Oh, yes.

8 Q When did the actual surgery start?

9 A According to the record, it says 9:35.

10 Q Are you referring to your note, "Surgery  
11 Start"?

12 A Yes, my note.

13 Q The nurses, I think, recorded it at 9:40.

14 MS. HENRY: Actually, I don't have  
15 that piece. Do you have that?

16 MR. LANSDOWNE: I'll show that to  
17 you.

18 MS. HENRY: That's one piece I'm  
19 missing here.

20 MR. LANSDOWNE: (Handing)

21 MS. HENRY: Okay.

22 Q (By Mr. Lansdowne) The nurses record  
23 procedures start at 9:40. Is there a reason  
24 why they're different? Or do you record  
25 something --

1 A Yes. What --

2 Q -- different than the nurses?

3 A -- happens is that we position the patient;  
4 we drape the patient; they prep the patient.  
5 And I put the start time as when the  
6 physician gets in position. He may have been  
7 doing other things before he makes the  
8 incision itself.

9 So I record at 9:35 as to when the  
10 surgeon started handling the patient.

11 Q Okay. The reason I ask is I'm trying to  
12 figure out: When the surgeon actually begins  
13 the debridement, you are already, at that  
14 point, giving Mr. Porter his second dose of  
15 phenylephrine, correct?

16 A Yes.

17 Q At 10:00 o'clock, or 10:01, as we have  
18 recorded on the exhibit, when the pressure is  
19 at 62 over 56, you've given another  
20 epinephrine, correct?

21 A That's the first epinephrine, not --

22 Q Oh. I'm sorry. I'm sorry. The first  
23 epinephrine, correct?

24 A Yes.

25 Q And another phenylephrine?

1    **A**    I gave the -- you see the arrow starts  
2           early.  I gave the phenylephrine.  And, as  
3           you have already said, the phenylephrine was  
4           not helping, so I decided to give  
5           epinephrine.

6    **Q**    Okay.  So you had started the third dose of  
7           phenylephrine before the drop in pressure at  
8           10:00 o'clock?

9    **A**    Yes.

10   **Q**    Okay.  And then it was after the drop at  
11          10:00 o'clock that you decided to give the  
12          epinephrine?

13   **A**    Yes.

14   **Q**    And at this time, at 10:00 o'clock, as we've  
15          discussed, you did tell Dr. Ghanma?

16   **A**    Yes.

17   **Q**    Okay.  And you also at 10:00 o'clock turned  
18          the anesthesia off?

19   **A**    Yeah, the anesthesia was off at that time.

20   **Q**    When did you turn it off?

21   **A**    It depends on what do you mean by  
22          "anesthesia," because we have both nitrous  
23          and Forane.  I had turned the Forane off  
24          before 9:30, and I had the nitrous on.  And  
25          then I had given some **narcotic**, fentanyl.  If

1           you look under --

2       Q     Right .

3       A     Yeah.

4       Q     How is the fentanyl administered?

5       A     IV, intravenous.

6       Q     The nitrous is turned off at what time?

7       A     The nitrous was on -- I turned it off and  
8           turned it on right away, because you see  
9           across at 9:30, and then I turn it on right  
10          away and continue the arrow until about  
11          10:00 o'clock, when there was a big drop in  
12          the blood pressure.

13      Q     Okay. And that's why you turned it off?

14      A     Yes.

15                       MS. HENRY: Now, this is clearly  
16                       something you had.

17                       MR. LANSDOWNE: I'm just going  
18                       in -- I'm not going to go back into this.  
19                       I'm just trying to go in sequence.

20      Q     (By Mr. Lansdowne) All right. Our  
21           photographs, again: At 10:06, the photograph  
22           displays 91 over 35, correct?

23      A     Yes.

24      Q     At 10:13, I believe --

25      A     10:11.

1 MS. HENRY: 10:11.

2 Q (By Mr. Lansdowne) Oh, you think that's  
3 10:11?

4 A That's how it looks like.

5 MS. HENRY: It looks. It's hard to  
6 tell, because the **screen** is....

7 MR. LANSDOWNE: I've got that --

8 MS. HENRY: All right. Yeah, we  
9 have the other picture. Let's go to the  
10 other picture, because that screen is....

11 Q (By Mr. Lansdowne) If we go to 2-A --

12 MR. KELLEY: Looks like 10:13 to  
13 me.

14 THE WITNESS: Oh, okay, This one  
15 looks like 10:13.

16 Q (By Mr. Lansdowne) If you go to 2-A, you  
17 can --

18 A Yeah.

19 Q -- see that it's clearly 10:13.

20 A 10:13.

21 Q You have 182 over 108?

22 A Yes.

23 Q Do you have a record of a blood pressure that  
24 corresponds with that photograph?

25 A Yes. Look under 10:10. Look at the arrow up

1           there.  It's about the 180 mark.

2       Q       Okay.  I see that.  Where is the  
3           corresponding pressure to that?

4                       MS. HENRY:  What do you mean?

5       A       The diastolic?

6       Q       (By Mr. Lansdowne)  The **diastolic**.

7       A       Look above the hundred line.  You see an  
8           arrow pointing upward.  That's the  
9           diastolic.

10      Q       Okay.

11      A       Here (indicating).

12      Q       I see.  But you've got a --

13      A       Yeah.  This one, this arrow.

14                       MS. HENRY:  That's the diastolic;  
15           this is the systolic?

16                       THE WITNESS:  Yeah.  Yeah.  For  
17           10:10.

18      Q       (By Mr. Lansdowne)  What's this arrow down  
19           here, this diastolic arrow down here?

20      A       It may have been a....  But if you look, you  
21           can see the 108.  It should be in your  
22           record,

23                       MS. HENRY:  Now, what is this line  
24           (indicating)?

25                       THE WITNESS:  Those are diastolic.

1 A This must have been a mark by mistake, but I  
2 have the arrow here, already in your record.  
3 It should be in there. Do you see that?

4 Q (By Mr. Lansdowne) I can see what you're  
5 pointing to. And I guess what you've really  
6 got -- if that's a diastolic, then you've got  
7 two diastolics for 10:10.

8 A Okay. Well, it may have been --

9 Q Is that what you see?

10 A I think it corresponds to the 9:15. I may  
11 have put that under there. But clearly this  
12 diastolic is marked on the record.  
13 This (indicating) may be a mismark.

14 Q Okay.

15 A But this is on the record, and it agrees with  
16 the picture.

17 Q Okay. I think I understand what you're  
18 saying now, and that helps me, because I was  
19 referring to that other --

20 A Yeah. This must have been a mismark for the  
21 9:15, which -- you know, the spaces are so  
22 small.

23 Q Okay. Then that reading, 182 over 108 --

24 A Uh-huh. Yes.

25 Q -- that was in response, you believe, to the

1 epinephrine and....

2 A Yes, sir.

3 Q Okay. Now, you don't have any more  
4 recordings of blood pressure in your paper  
5 record after 10:15, correct?

6 A Yes, sir. We discussed it last time.

7 Q Yes. But with the photographs, we know now,  
8 if I can get the right ones --

9 MS. HENRY: I think it's this one,  
10 Dennis (handing).

11 MR. LANSDOWNE: Oh, yeah.

12 Q (By Mr. Lansdowne) -- at 10:18 the pressure  
13 displayed is 91 over 37?

14 A Yes.

15 Q And at 10:21, it's 55 over 37, correct?

16 A Yes.

17 Q By 10:21, then, Mr. Porter has -- well, would  
18 you agree with me that by 10:21 Mr. Porter  
19 has crashed?

20 A I pushed the blood pressure again, and the  
21 blood pressure came up. But it's not  
22 recorded on this one.

23 Q I'm sorry. What?

24 A I pushed the "Stat Blood Pressure" again, and  
25 goes from higher blood pressure, but it's not

1 recorded on this one.

2 Q By "this one" you mean that exhibit?

3 A Yes.

4 Q Do you have an exhibit that -- a photograph  
5 that shows a higher one?

6 A I don't. I don't.

7 Q Okay. Let me understand here. You recall,  
8 at around 10:21, seeing a blood pressure of  
9 55 over 37?

10 A Yes. I recall seeing a lower blood pressure,  
11 and I pushed the button again, you know, to  
12 record stat blood pressure, because that was  
13 a -- that looks like a big -- it was 91 over  
14 37 and it was going up a little bit. And

15 I -- it came out at 55 over 37, so I pushed  
16 the stat blood pressure to get more blood  
17 pressures. And then at that time it was  
18 moving up. And I had the fluid turned up, --  
19 and they had just finished the surgery and  
20 they were finishing the surgery.

21 Q Okay. So you're saying that after this --  
22 55-over-37 blood pressure reading at 10:21

23 A Yes.

24 Q -- you pushed a button to get stat  
25 blood-pressure readings?

1 A Yes.

2 Q And you're saying that it showed you higher  
3 blood pressures?

4 A Yes.

5 Q How high?

6 A I don't recall exactly, but it was higher  
7 than this.

8 Q By "this" you mean 55 over 37?

9 A Yes. Yes.

10 Q Was it as high as the preinduction 95 over  
11 40?

12 A I don't recall the exact number, but it was  
13 high enough to -- like some of the previous  
14 numbers.

15 Q Into the eighties, at least, systolic?

16 MS. HENRY: If you don't recall,  
17 tell him that.

18 A I don't recall.

19 Q (By Mr. Lansdowne) Did you tell anyone at  
20 10:21 that you had a pressure reading of 55  
21 over 37?

22 A At that time, they had finished. They were  
23 almost -- you know, bandaging, doing things.  
24 So at that time, with the pressure going up,  
25 I thought we can get it up.

1 Q I understand what you were thinking. But did  
2 you tell anyone at 10:21 --

3 A No.

4 Q Let me finish my question.

5 A Okay.

6 Q Did you tell anyone at 10:21 that you had a  
7 pressure reading of 55 over 37?

8 A No.

9 Q Other than press the stat

10 A Yes.

11 Q -- button?

MS. HENRY: I think it's "Start"

12 button.

13 A Stat, s-t-a-t.

MS. HENRY: Oh. "Stat." Okay.

14 Sorry. My mistake.

15 Q (By Mr. Lansdowne) Other than press the stat  
16 button to get some quick BP readings, did you  
17 do anything else about that 55 over 37?  
18  
19

20 A No.

21 Q ... did you attribute that 55 over 37 to?

22 A When it's that low, sometimes it's really not  
23 accurate --

MASSEY: We're having trouble

24 hearing.  
25

- 1     **A**    When it's that low, sometimes it's not really  
2            accurate.  Okay?  So I pushed the stat button  
3            to get another blood-pressure reading before  
4            I do anything, because I had given him  
5            epinephrine, I had given him phenylephrine,  
6            and I wanted to know what it **was** before I  
7            could give him any of these medicines  
8            anymore.
- 9     **Q**    (By Mr. Lansdowne)  Did you think that this  
10           55 over: 37 reading was a false reading?
- 11    **A**    Yes.
- 12    **Q**    Do you think that now?
- 13    **A**    Yes, because when I pushed it again, I got a  
14           higher blood pressure.
- 15    **Q**    And you watched the blood pressures for the  
16           remainder of the procedure?
- 17    **A**    Yes .
- 18    **Q**    And they remained higher?
- 19    **A**    I wish we had gotten a picture of that.  But  
20           the character of the machine may have been  
21           why they didn't get it.  But yes.
- 22    **Q**    And then the blood pressures dropped  
23           precipitously at 10:28?
- 24    **A**    Yes.  At 10:28, what happened is that I lost  
25           my pulse-oximeter wave line.  And I checked

pulse.

1 the pulse, and there was no

2 Q Also at 10:21 it looks like the -- there's a  
3 different reading than you've had before for  
4 the O<sub>2</sub> saturation?

5 A It's 98 percent.

MR. KELLEY: What was that number?

6

MR. LANSDOWNE: Ninety-eight.

7

MS. HENRY: Ninety-eight.

8

THE WITNESS: Ninety-eight.

9

MS. HENRY: The chorus here.

10

11 Q (By Mr. Lansdowne) Did you attribute that  
12 difference to anything?

13 A The pulse-oximeter reading can sometimes  
14 vary, and 98 is perfectly normal. 98 percent  
15 is normal saturation. If it had gone down  
16 to --

17 MS. HENRY: No. Just answer his  
18 question.

19 THE WITNESS: Okay.

20 A No.

21 Q (By Mr. Lansdowne) So you didn't attribute  
22 the difference in it to anything, right?

23 A Yeah.

THE WITNESS: Can you give me

24

25 another minute?

1 MS. HENRY: Yes.

2 MR. LANSLOWNE: We're taking  
3 another break.

4 (A recess was taken)

5 Q (By Mr. Lansdowne) Okay, Doctor. We talked  
6 about the 10:18 and 10:21 recordings that are  
7 on the photographs, right?

8 A Yes.

9 Q And just so I'm clear about this: After  
10 Mr. Porter was pronounced dead and these  
11 photographs were being taken in the operating  
12 room, you recall that there were readings for  
13 after 10:21; is that right?

14 A Yes.

15 Q How many?

16 A You can see that there is some readings  
17 here. Okay. That would be 10:25. The whole  
18 thing does not show.

19 Q 10:25?  
Yeah. The whole thing doesn't show.

20 a

21 Q Okay. Do you think there was just that one  
22 reading displayed?

23 A This is not the main screen. This is the  
24 display. We set it at five-minute  
25 intervals. Okay.

MS. HENRY: No. He wants to  
do you think there were any on this  
after  
Q (By Mr. Lansdowne) Correct.  
A Not -- I don't recall.  
Q And you can't recall specifically what the  
blood-pressure reading was that would have  
been at 10:25 correct?  
A Yes.

MS. HENRY: He wants to know you  
don't recall the specific.  
A The specific, yes.  
Q (By Mr. Lansdowne) You simply remember that  
it was higher than 55 over 37?  
A Yes, sir.  
Q And you did not do anything specifically to  
treat the 55 over 37 reading that you saw,  
correct?  
A Yes, because I saw a higher one afterward.  
Q Okay. So that the epinephrine that you've  
and is recorded in your paper anesthesia  
record, that was given after 10:28?  
A That was at the time he arrested.  
Q  
A Yeah, about that time.

- 1 Q Okay8 So I'm pointing in your recor<sup>d</sup> --
- 2 A Yes. This one, I know. Yes.
- 3 Q -- to the two slashes for epinephrine --
- 4 A No. One and then **slash** one. These are two  
5 different times.
- 6 Q Okay .
- 7 A That's why I put a **slash** on it.
- 8 Q Two doses of epinephrine?
- 9 A Yes. Yes.
- 10 Q Those would have been after his arrest at  
11 10:28, correct?
- 12 A Yes, sir.
- 13 Q And when you were filling out your graphic  
14 after the arrest and after Mr. Porter was  
15 pronounced dead, you were aware of this 10:18  
16 reading of 91 over 37, correct?  
17 A You said after I was filling -- I didn't --  
18 can you **say** the question....
- 19 Q Right. I was just -- you filled out part of  
20 this paper anesthesia graphic, your  
21 anesthesia record, after the patient was  
22 pronounced, correct?
- 23 A Yes.
- 24 Q And at the time that you did that, made those  
25 entries after the patient was deceased, you

1           were aware of the 10:18 a.m. reading of 91  
2           over 37, correct?

3                       MS. HENRY:   Aware of the reading on  
4           the display monitor?

5                       MR. LANSDOWNE:   Right.

6    **A**    Yeah, I was.

7    **Q**    (By Mr. Lansdowne)   Okay.   But you did not  
8           enter that onto your anesthesia record,  
9           correct?

10   **A**    I explained last time how I got called and I  
11           didn't come to finish it.

12   **Q**    At the time that you filled out your  
13           anesthesia record after Mr. Porter's death,  
14           was that after the photographs were attempted  
15           to be taken?

16   **A**    I think, at the time, I was trying to print  
17           the record, I could not print it, and I put  
18           it here.   And that was before the photograph  
19           was taken.

20   **Q**    Okay.   When you say you put it "here," you  
21           mean --

22   **A**    On my record.

23   **Q**    -- your anesthesia record?

24   **A**    Yeah.   And that was before the photograph was  
25           taken.

- 1 Q Okay. But you were back in the room when the  
2 photographs -- they were trying to take them,  
3 right?
- 4 A Yes.
- 5 Q Was that after your phone call?
- 6 A Let me go back. I was trying to make my  
7 record. I was trying to print the pages.  
8 And then they were trying to take the  
9 Polaroid camera. Okay. I cannot be doing  
10 everything at the same -- then I got called  
11 to the front. So before I got called to the  
12 front, I had seen the really dark one, and  
13 then I didn't see any more of it.
- 14 Q I'm just trying to get the -- I'm sorry --  
15 the sequence.
- 16 A Okay. Maybe -- can you get the question to  
17 me again now?
- 18 Q Yeah. The phone call that you got you think  
19 was from the coroner, as I recall. Correct?
- 20 A The assistant to the coroner.
- 21 Q Assistant to the coroner?
- 22 A Uh-huh.
- 23 Q And that interrupted you from writing out  
24 your anesthesia record, correct?
- 25 A Yes.

- 1 Q You have to keep your voice up.
- 2 A I said "yes."
- 3 Q Had you seen the photographs, the few **black**
- 4 photographs, before the coroner's call?
- 5 A I think so.
- 6 Q And then you never returned to the OR that --
- 7 A To get these figures.
- 8 Q You never returned to fill out the rest of
- 9 the anesthesia record, correct?
- 10 A Yes. Yes.
- 11 Q And you never, as we discussed before, knew
- 12 that there was going to be these --
- 13 A No.
- 14 Q -- photographs --
- 15 A No.
- 16 Q -- with the displays --
- 17 A No.
- 18 Q -- correct?
- 19 A Yes, correct.
- 20 Q Did anyone discuss with you this 10:21 a.m.
- 21 BP reading?
- 22 A No.
- 23 Q Did anyone suggest to you that you should
- 24 have called a code at that point?
- 25 A No.

- 1 Q Did anyone suggest to you that you should  
2 have stopped the procedure at that point?
- 3 A No. What do you mean by "did anyone  
4 suggest"?
- 5 Q Well, did anyone discuss with you this 55  
6 over 37 and what had happened?
- 7 A Nobody discuss with me.
- 8 Q Did anyone suggest to you that you should  
9 have stopped the procedure earlier?
- 10 A No.
- 11 Q At 10:28, what did Mr. Porter's blood  
12 pressure fall to?
- 13 A At 10:28, the pulse-oximeter reading just --  
14 the pulse oximeter just went flat. And I  
15 checked the pulse, and there was no pulse.
- 16 MS. MASSEY: We're having trouble  
17 hearing.
- 18 MS. HENRY: At 10:28, the pulse  
19 oximeter went flat; and she checked the  
20 pulse, and there was no pulse.
- 21 MS. MASSEY: Thank you.
- 22 MS. HENRY: And now we're into what  
23 she testified to before.
- 24 Q (By Mr. Lansdowne) Was there a reading on  
25 the display for 10:28?

1 A I don't recall exactly 10:28, at that  
2 particular point, 10:28, no, because we don't  
3 take the blood pressure at every minute or  
4 continuously.

5 Q Was there a display reading for after the  
6 arrest?

7 A I don't recall. You mean after the arrest?  
8 There wouldn't be....

9 Q Right. I mean, we have readings up to 10:25  
10 on the photographs, correct?

11 MS. HENRY: Well, not really.

12 Q (By Mr. Lansdowne) Well, we know there was  
13 one for 10:25.

14 MS. HENRY: Yeah. Yeah.

15 Q (By Mr. Lansdowne) Was there one after  
16 10:25?

17 MS. HENRY: On this display?

18 A We do not know what time this 10:25 --

19 MS. HENRY: Wait. Wait. Wait;

20 A -- on the --

21 MS. HENRY: Wait. Stop.

22 THE WITNESS: Okay.

23 MS. HENRY: Do you want to know was  
24 there a reading on the table display on these  
25 pictures after 10:25? Is that what you want

1 to know?

2 MR. LANSDOWNE: Yes.

3 MS. HENRY: I think she testified  
4 earlier she doesn't know.

5 MR. LANSDOWNE: Well, I don't  
6 remember that being the question.

7 Q (By Mr. Lansdowne) Is that your -- you don't  
8 know, Doctor? After 10:25 you don't know  
9 whether there was a display reading or not?

10 A Yes.

11 Q Okay. Doctor, after you saw the display  
12 monitor that showed the 10:18 reading and the  
13 10:21 reading, were you concerned that --

14 A Of course --

15 MS. HENRY: Wait. Wait. Let him  
16 finish the question.

17 Q (By Mr. Lansdowne) -- were you concerned  
18 that if you recorded those it would  
19 demonstrate that, in fact, Mr. Porter had  
20 arrested earlier than you'd realized?

21 A I suggested that we print the display,  
22 because I know he had not arrested at that  
23 time.

24 Q Well, let me ask it the other way, then.  
25 Were you concerned that if those figures

1 after 10:21 were not recorded, it would  
2 appear that he had **arrested** earlier than he  
3 had?

4 A No, I was not concerned,

5 Q Why not?

6 A Because he had not arrested at that time.

7 MS. MASSEY: We can't hear.

8 A I was not concerned because I know he had not  
9 arrested at that time.

10 Q (By Mr. Lansdowne) Can you point to anything  
11 in the records or the photographs that would  
12 demonstrate that he had not arrested as of  
13 10:21?

14 A Not in the photograph. I already told you  
15 that when I saw the 55 over 37, I pushed the  
16 stat BP and it gave me a better BP. If you  
17 look, I have been treating this patient for  
18 blood pressure throughout. Okay? So if I  
19 have been doing that, why will I ignore that  
20 one? I have been looking at the patient -- I  
21 mean treating the patient, monitoring the  
22 patient, **all** through, as you can see. So why  
23 do you think I would stop doing that?

24 Q I'm just asking whether you can identify  
25 anything in the record or the photographs --

- 1     **A**     No.
- 2     **Q**     -- that would indicate to us that he did not  
3             arrest as of 10:28, when his blood pressure  
4             was displayed as 55 over --
- 5     **A**     No. There's nothing that indicated that he  
6             had arrested.
- 7     **Q**     If you had stopped the procedure at 10:21 and  
8             called a code, do you think that would have  
9             made a difference in Mr. Porter's outcome?
- 10    **A**     I don't know,
- 11    **Q**     How about at 10:18?
- 12    **A**     I don't know.
- 13    **Q**     How about at 9:12, when his blood pressure  
14             was 67 over 46, if you had told Dr. Ghanma  
15             that the pressure is low and it's not a  
16             result merely of induction, do you think  
17             there would have been a difference in  
18             Mr. Porter's outcome?
- 19    **A**     I don't know. Mr. Porter --
- 20                         **MS. HENRY:** That's good.
- 21                         **THE WITNESS:** Okay.
- 22    **Q**     (By Mr. Lansdowne) You don't know?
- 23    **A**     No, I don't know,
- 24                         **MR. LANSDOWNE:** Let me just check  
25             **my notes,**

1                   Are you guys going to have any  
2                   questions, from Cleveland?

3                   MS. MASSEY: I'm not.

4                   MR. KELLEY: No.

5                   MR. LANSLOWNE: Give me a minute,  
6                   then.

7                   MS. MASSEY: Sure.

8                   (Discussion off the record)

9           Q        (By Mr. Lansdowne) Back to what we were  
10           talking about, this 9:12 reading that's shown  
11           in the photographs as 67 over 46: Ultimately  
12           you attributed that to sepsis, you said?

13          A        Part of it I said is from the induction  
14           agent. What continued on, I attributed it to  
15           sepsis.

16          Q        Okay. And that's just because of the nature  
17           of his wound or what? What information did  
18           you have?

19          A        Nature of his wound and -- nature of his  
20           wound. And the temperature is also high.

21          Q        So you thought there was some kind of septic  
22           process going on before even the surgical  
23           procedure started, correct?

24          A        Yes.

25          Q        So you didn't think that this sepsis, if it

1 was, in fact, sepsis, was a sudden thing?

2 A No. The patient had a temperature on the  
3 floor.

4 MS. MASSEY: Excuse us. We can't  
5 hear again.

6 A The patient had a temperature on the floor  
7 before this case was -- I mean, on the floor  
8 before he -- the patient had a temperature.

9 Q Did you go back and check what antibiotics he  
10 was getting or anything like that?

11 MS. HENRY: Now we're clearly past  
12 anything in the record, anything having to do  
13 with --

14 MR. LANSDOWNE: This relates --

15 MS. HENRY: It does not relate.

16 MR. LANSDOWNE: -- to what she said  
17 about this 9:12 a.m. reading that we never  
18 had before this time.

19 MS. HENRY: But she told you that  
20 other low-blood-pressure readings she had, in  
21 her opinion, in her other deposition -- you  
22 know, she felt he had sepsis. So now you're  
23 trying to say, "Well, just because this is a  
24 little-different blood-pressure reading than  
25 the other one that she said was -- in the

1 other deposition, now I can open this whole  
2 area up for examination."

3 MR. LANSDOWNE: I'm not opening up  
4 this whole area, but there are things that I  
5 didn't have before that she has more clearly  
6 answered now based upon the fact that we do  
7 have this information. And so I'm just  
8 trying to follow up so we have the complete  
9 information about what it is I didn't ask her  
10 specifically about, looking at antibiotics or  
11 anything last time, because we didn't have  
12 this difference between induction versus  
13 sepsis that I could follow up on last time.

14 Q (By Mr. Lansdowne) So I merely ask you,  
15 Doctor: At the time of the procedure or  
16 prior to the procedure, did you look at what  
17 kind of antibiotics Mr. Porter was on?

18 A My notes mention that the patient was on  
19 antibiotic.

20 Q So that means you would have looked to see  
21 what kind of antibiotics or just --

22 A Yes. Preop, we check what medication the  
23 patients are getting, their vital signs, the  
24 patient history and everything. We do that  
25 at preop, before we take the patient in.

1 Q So when you had this reading that you  
2 determined was, in part, at least, related to  
3 sepsis, you knew that he was receiving  
4 antibiotics to treat that sepsis or to treat  
5 an infection or potential infection,  
6 correct?

7 A I know he was on antibiotic before the  
8 procedure.

9 Q And to the extent that his pressure was being  
10 affected by sepsis, you felt that you could  
11 maintain the pressure throughout the  
12 procedure?

13 A Sir, the procedure was done to get -- to  
14 debride, to irrigate and get rid of the  
15 infection on this patient, okay, to get rid  
16 of whatever is causing this patient's  
17 problem. So stopping the procedure does not  
18 solve the problem, in my opinion.

19 Q Is that a thought process that you went  
20 through at the time you decided to continue  
21 with the procedure?

22 A Yes.

23 MR. KELLEY: What was the answer to  
24 that last question?

25 MR. LANSDOWNE: She answered it

1 "yes."

2 MS. MASSEY: Okay. Thank you.

3 Q (By Mr. Lansdowne) That was a decision,  
4 then, you made on your own?

5 MS. HENRY: What decision?

6 Q (By Mr. Lansdowne) The decision that it was  
7 necessary to continue the procedure even in  
8 the face of some pressure problems relating  
9 to sepsis.

10 A What do you mean by "on my own"?

11 Q I mean without consulting with anyone else.

12 A Blood pressure -- yes.

13 Q I mean, you didn't discuss that issue with  
14 Dr. Ghanma, did you?

15 MS. HENRY: At what point? I mean,  
16 she did testify earlier she notified him of a  
17 drop in the blood pressure.

18 Q (By Mr. Lansdowne) Well, maybe we better  
19 clarify that -- that's a good point --  
20 because if I recall your testimony correctly,  
21 with respect to this first drop at 9:12 you  
22 said that you had to -- you said aloud in the  
23 operating room that you had to treat the  
24 blood pressure, correct?

25 A Yes. We were about to move the patient. I

1           said, "Let me treat the blood pressure before  
2           we move the patient.'" But that wasn't meant  
3           to alarm anybody or anything.

4       Q     Right.

5       A     That's what I said.

6       Q     And Dr. Ghanma might not have even been in  
7           the operating room at that point, correct?

8       A     I don't recall.

9       Q     All right. So, getting back to my other  
10           question: Did you discuss with Dr. Ghanma  
11           this issue of the risk of the procedure,  
12           given the effect of sepsis on his pressure,  
13           versus not going forward with the procedure?

14                   MS. HENRY: She didn't say anything  
15           about risk of procedure. I think her whole  
16           testimony was that she felt that -- about the  
17           management of the blood pressure, that she  
18           was doing the best to manage the blood  
19           pressure.

20       Q     (By Mr. Lansdowne) I know. I'm just asking  
21           you --

22                   MS. HENRY: Well, you're putting  
23           the term "risk" in there.

24       Q     (By Mr. Lansdowne) Well, Doctor, you did  
25           recognize, with this pressure falling and

1           having to give phenylephrine, that there was  
2           a risk to the patient, didn't you?

3    A       Sir, we use Phenylephrine to manage blood  
4       pressure,

5                       MR. KELLEY:  You're going to have  
6       to keep your voices up,

7    A       We use phenylephrine to manage blood  
8       pressure.  This is not unusual.  We do use  
9       phenylephrine in the operating room to manage  
10      blood pressure.  It's not unusual for a  
11      patient's blood pressure to drop after you  
12      give an induction agent.

13                      So I treated it.  We moved the  
14      patient over to the bed.  The blood pressure,  
15      as I had told you, remained lower than 1 --  
16      but I told you the patient is septic and they  
17      had to do the operation to get rid of what is  
18      causing the sepsis.

19   Q       (By Mr. Lansdowne)  I understand that.  But  
20      you recognized early on in the procedure,  
21      certainly by the time you gave the  
22      phenylephrine, that, based upon these  
23      readings that we have, that there was  
24      something more than just a response to  
25      induction that was causing his pressure to be

- 1 low, correct?
- 2 **A** After the pressure continued low, yes, there  
3 was something going on.
- 4 **Q** And something going on you thought was  
5 probably sepsis?
- 6 **A** Yes.
- 7 **Q** And you realized that you were going to have  
8 to do something to keep the patient's  
9 pressure up in the face of this sepsis,  
10 correct?
- 11 **A** Yes.
- 12 **Q** And these low pressures in a young male  
13 patient were certainly lower than you would  
14 have liked in this procedure, correct?
- 15 **A** Yes.
- 16 **Q** And did not respond to phenylephrine,  
17 correct?
- 18 **A** Yes.
- 19 **Q** But you felt that the procedure was necessary  
20 to treat the septic condition?
- 21 **A** Yes.
- 22 **Q** Did you, prior to -- what we started this  
23 line of questioning with was: Did you  
24 discuss that issue with Dr. Ghanma, that is,  
25 the issue of a low pressure not responding to

1 phenylephrine, in your mind because of  
2 sepsis, and the need to do the procedure to  
3 treat the sepsis?

4 A No.

5 Q Why didn't you?

~~4~~ 6 A I have already told you I felt the procedure  
7 was necessary to treat the sepsis.

8 Q And that's your only reason for not  
9 discussing it?

10 A I mean, we don't discuss every blood pressure  
11 with the surgeon. I don't tell the surgeon,  
12 "The patient's blood pressure is 'like  
13 this'" every time I take a blood pressure.

14 MR. LANSDOWNE: Okay.

15 MS. HENRY: We will read.

16 Can we have a waiver of the seven  
17 days since we have so much time?

18 MR. LANSDOWNE: Sure.

19 MS. HENRY: Okay. Thanks.

20 (Deposition concluded 1:48 p.m.)

21 - - - - -

22 THE STATE OF \_\_\_\_\_  
23 COUNTY OF \_\_\_\_\_

24 I, ARABA B. QUANSAH, M.D., hereby  
25 certify that I have read the foregoing  
transcript of my testimony given in the  
foregoing numbered and styled case and that

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

same is true and correct to the best of my knowledge and belief.

I further certify that any and all corrections have been made on a separate page and initialed by me.

This the \_\_\_\_\_ day of \_\_\_\_\_, 1997.

ARABA B. QUANSAH, M.D.

SUBSCRIBED AND SWORN TO BEFORE ME, this the \_\_\_\_\_ day of \_\_\_\_\_, 1997.

Notary Public in and for the State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Job No. 2-27355

1 THE STATE OF TEXAS :

2 I, Steven A. Baum, Certified  
3 Shorthand Reporter in and for the State of  
4 Texas, hereby certify that this deposition  
5 transcript is a true record of the testimony  
6 given by the witness named herein, after said  
7 witness was duly sworn or affirmed by me.

8 I further certify that I am neither  
9 attorney nor counsel for, related to, nor  
10 employed by any of the parties to the action  
11 in which this testimony was taken. Further,  
12 I am not a relative or employee of any  
13 attorney of record in this cause, nor do I  
14 have a financial interest in the action.

15 Further certification requirements,  
16 if any, pursuant to the Rules will be  
17 certified to in the Supplemental Certificate  
18 after they have occurred.

19 the 23rd Subscribed and sworn to on this,  
20 day of July, 1997.

21   
22 \_\_\_\_\_  
23 Steven A. Baum, CSR  
24 Certificate No. 4977  
25 Expires December 31, 1997

My Notary Commission expires June 12, 1999.



1 \_\_\_\_\_ was returned ~~unsigne~~ <sup>d</sup> because of  
 2 \_\_\_\_\_ refusal to sign  
 3 \_\_\_\_\_ absence of witness  
 4 \_\_\_\_\_ failure to accept delivery  
 5 \_\_\_\_\_ no reason given.  
 6 \_\_\_\_\_ was not returned.  
 7 \_\_\_\_\_ was retained by \_\_\_\_\_  
 8 \_\_\_\_\_ by agreement of all parties present.  
 9 \_\_\_\_\_ does not apply as signature **was** waived.

10 \_\_\_\_\_  
 11 \_\_\_\_\_ That the attached Change/Correction  
 12 \_\_\_\_\_ Sheet contains the changes/corrections  
 13 \_\_\_\_\_ and the reasons therefor.  
 14 \_\_\_\_\_ That there were no changes/corrections  
 15 \_\_\_\_\_ made.  
 16 \_\_\_\_\_ Does not apply as signature was waived.

17 \_\_\_\_\_  
 18 \_\_\_\_\_ That the original or a certified copy of the  
 19 \_\_\_\_\_ deposition transcript, ~~together with copies~~  
 20 \_\_\_\_\_ of all tendered exhibits, ~~was~~ <sup>was not</sup>  
 21 \_\_\_\_\_ delivered to \_\_\_\_\_, 1997.  
 22 \_\_\_\_\_ on \_\_\_\_\_,

23 \_\_\_\_\_  
 24 \_\_\_\_\_ That a copy of this certificate was served on  
 25 \_\_\_\_\_ all parties, pursuant to information made a  
 26 \_\_\_\_\_ part of the record at the time said testimony  
 27 \_\_\_\_\_ was taken.

28 \_\_\_\_\_  
 29 \_\_\_\_\_ Subscribed and sworn to on this 1997  
 30 \_\_\_\_\_ day of \_\_\_\_\_,

31 \_\_\_\_\_  
 32 \_\_\_\_\_  
 33 \_\_\_\_\_  
 34 \_\_\_\_\_  
 35 \_\_\_\_\_  
 36 \_\_\_\_\_  
 37 \_\_\_\_\_  
 38 \_\_\_\_\_  
 39 \_\_\_\_\_  
 40 \_\_\_\_\_  
 41 \_\_\_\_\_  
 42 \_\_\_\_\_  
 43 \_\_\_\_\_  
 44 \_\_\_\_\_  
 45 \_\_\_\_\_  
 46 \_\_\_\_\_  
 47 \_\_\_\_\_  
 48 \_\_\_\_\_  
 49 \_\_\_\_\_  
 50 \_\_\_\_\_  
 51 \_\_\_\_\_  
 52 \_\_\_\_\_  
 53 \_\_\_\_\_  
 54 \_\_\_\_\_  
 55 \_\_\_\_\_  
 56 \_\_\_\_\_  
 57 \_\_\_\_\_  
 58 \_\_\_\_\_  
 59 \_\_\_\_\_  
 60 \_\_\_\_\_  
 61 \_\_\_\_\_  
 62 \_\_\_\_\_  
 63 \_\_\_\_\_  
 64 \_\_\_\_\_  
 65 \_\_\_\_\_  
 66 \_\_\_\_\_  
 67 \_\_\_\_\_  
 68 \_\_\_\_\_  
 69 \_\_\_\_\_  
 70 \_\_\_\_\_  
 71 \_\_\_\_\_  
 72 \_\_\_\_\_  
 73 \_\_\_\_\_  
 74 \_\_\_\_\_  
 75 \_\_\_\_\_  
 76 \_\_\_\_\_  
 77 \_\_\_\_\_  
 78 \_\_\_\_\_  
 79 \_\_\_\_\_  
 80 \_\_\_\_\_  
 81 \_\_\_\_\_  
 82 \_\_\_\_\_  
 83 \_\_\_\_\_  
 84 \_\_\_\_\_  
 85 \_\_\_\_\_  
 86 \_\_\_\_\_  
 87 \_\_\_\_\_  
 88 \_\_\_\_\_  
 89 \_\_\_\_\_  
 90 \_\_\_\_\_  
 91 \_\_\_\_\_  
 92 \_\_\_\_\_  
 93 \_\_\_\_\_  
 94 \_\_\_\_\_  
 95 \_\_\_\_\_  
 96 \_\_\_\_\_  
 97 \_\_\_\_\_  
 98 \_\_\_\_\_  
 99 \_\_\_\_\_  
 100 \_\_\_\_\_

Steven A. Baum, CSR  
 Certificate No. 4977  
 Expires December 31, 1997

CONTINENTAL COURT REPORTERS, INC.  
 2200 Ross Avenue, Suite 3820  
 Dallas, Texas 75201  
 (214) 954-0202

My Notary Commission expires **June 12, 1999.**

