

In The Matter Of:

*Dabulewicz v.
The Cleveland Clinic Foundation*

*Craig Saunders, M.D.
April 6, 1999*

*John J. Prout & Associates, Inc.
Certified Shorthand Reporters
65 Springfield Avenue
Springfield, NJ 07081
(973) 379-7015 FAX: (973) 379-7336*

*Original File PR04069.V1, 91 Pages
Min-U-Script® File ID: 3786681121*

Word Index included with this Min-U-Script®

[22] A: Yes.
[23] Q: Okay. How many tinies have you been
named as a defendant?
[25] MS. CARULAS: I'll just have a

Page 6

[1] continuing line of objection here. Go ahead.
[2] A: Three or four.
[3] Q: And where were those cases filed?
[4] A: Cleveland and California.
[5] Q: Do you recall the plaintiff's name in [6] the
last case that was filed against you?
[7] A: I think this may be the last one filed [8]
against me.
[9] Q: Well, the *cine* prior to this.
[10] A: I got a block.
[11] Q: Okay. Do you recall the plaintiff's [12] name
in any of the other cases that have been filed [13]
against you?
[14] A: One's name was Penny Taylor in California.
[15] Q: What was the allegation of negligence [16]
that was made in those cases? And if you can
recall [17] from each of the three or four cases I'd
like to know [18] the allegation for each of those.
[19] MS. CARULAS: And again just a [20] con-
tinuing line of objection. Agreed?

[21] MS. TOSTI: Yes.
[22] MS. CARULAS: Okay. Go ahead.
[23] A: Penny Taylor case was a lady that I had [24]
operated on, put in a mitral valve. Some time later
[25] the valve clotted off. Another surgeon oper-
ated on

Page 7

[1] her but she arrested and had a neurologic
injury.
[2] Q: How was that case resolved?
[3] THE WITNESS: I'm not sure I know the [4]
terminology.
[5] A: I mean, what do you mean how was it [6]
resolved?
[7] MS. CARULAS: If you —
[8] Q: Was it settled? Did it go to trial? [9] Was there
a defense verdict, a plaintiff's verdict or [10] was it
dismissed without any judgment or settlement [11]
in either side's favor?
[12] A: I don't know if it went to trial or not [13] but
it was — it was settled and an agreement given [14]
in favor of the plaintiff.
[15] Q: Okay. Do you recall the plaintiff's [16]
attorney's name in that case?
[17] A: No.
[18] Q: What about the other cases that were [19]
filed against you? Do you recall the allegations of
[20] negligence of any of the ones that were filed in
the [21] Cleveland area?
[22] A: Yeah. The name of that was Broadwater.
[23] Q: That was the plaintiff's name?
[24] A: Yes.
[25] Q: Okay. When was that case filed?

Lawyer's Notes

Page 8

[1] A: Couple of years ago.
[2] Q: And what was the allegation of [3] neg-
ligence in that case?
[4] MS. CARULAS: I just want to note if any [5] of
these cases are ongoing cases I don't think it's [6]
appropriate for you to testify about them in this [7]
case. Simply say they're ongoing. I don't know if
[8] any of them are but if there are note that.
[9] A: This is an ongoing case.
[10] Q: Okay. Any of the cases that were filed [11]
against you in Cleveland, are there any that have
[12] been resolved?
[13] A: I believe these are the only two. This [14]
one and that one.
[15] Q: There's no other cases that were filed [16]
against you other than this one and the Broad-
water [17] case in the Cleveland area?
[18] A: These are the only ones I'm dealing with.
[19] Q: Okay. I understand that those two are [20]
ongoing but any that have been resolved in which
they [21] were either settled, went to trial and
there was a [22] verdict or dismissed?
[23] A: Not that I recall at this time.
[24] Q: Now, Doctor, what states are you [25]
currently licensed in?

Page 9

[1] A: New Jersey and Ohio.
[2] Q: And at the time that you rendered care [3] to
Charlotte Smith you were licensed in Ohio?
[4] A: Correct.
[5] MS. CARULAS: Just for the record, [6] Herbert.
[7] MS. TOSTI: I'm sorry.
[8] Q: Charlotte Herbert. [9] Has your license to
practice in any [10] state ever been subject to a
proceeding by the state [11] Medical Board?
[12] A: No.
[13] Q: Have you ever acted as an expert in a [14]
medical/legal proceeding?
[15] A: No.
[16] Q: Have you ever given testimony in any [17]
case of a similar subject matter to this case —
[18] A: No.
[19] Q: — and — let me finish my question — [20]
and involving issues of post-operative wound [21]
infection?
[22] A: No.
[23] Q: Now, Doctor, you are Board certified. [24] Is
that correct?
[25] A: Yes.

Page 10

[1] Q: Okay. What areas are you Board [2] certified
in?
[3] A: Thoracic surgery.
[4] Q: Is there a subspecialty Board in [5] car-
diovascular surgery available?
[6] A: No.
[7] Q: When did you receive your certification [8]
in thoracic surgery?

[9] A: It's on my CV.
[10] Q: I'm not —
[11] MS. CARULAS: Page 3.
[12] THE WITNESS: Should be, anyway.
[13] MS. CARULAS: No. 1981 and recertified —
[14] THE WITNESS: Yeah.
[15] MS. CARULAS: '89.
[16] MS. TOSTI: I'm not —
[17] MS. CARULAS: Page 3. If you look at [18] Page 3 and look down under Certifications it's one, [19] two, three, four — fifth line.
[20] MS. TOSTI: Oh, okay. I'm sorry.
[21] Q: Now, in August of 1995 what position did [22] you hold with the Cleveland Clinic?
[23] A: I was a staff surgeon at the Cleveland [24] Clinic and was also in charge of the affiliate [25] programs which included Elyria.

Page 11

[1] Q: And in regard to your position as head [2] of the affiliate program what duties and [3] responsibilities did you have?
[4] A: Was both administrative and clinical.
[5] Q: How many hours a week did you spend on [6] the administrative aspect of your position?
[7] MS. CARULAS: Just note my objection. [8] If you know.
[9] A: I don't know.
[10] Q: Approximately, Doctor?
[11] MS. CARULAS: Just note my objection. [12] No guess. If you have ...
[13] A: I have no idea.
[14] Q: Was half of your time or more than half —
[15] A: No.
[16] Q: — spent —
[17] A: The vast majority of my time was clinical.
[18] Q: Please let me furnish my question [19] because she's going to have a problem if we both talk [20] at the same time.
[21] My question is trying to get at whether [22] you had more of an administrative job or more of a [23] clinical job. And so the greater amount of your time [24] was devoted to your clinical responsibilities?
[25] A: Yes.

Page 12

[1] Q: When did you leave Ohio?
[2] A: In June of '98.
[3] Q: And what was the reason that you left [4] your practice in Ohio?
[5] A: To assume the Chairmanship of the St. [6] Barnabas cardiac surgery program.
[7] Q: Have your hospital privileges ever been [8] called into question, suspended or revoked?
[9] A: Never.
[10] Q: Now, Doctor, you've provided me with a [11] copy of your curriculum vitae and there are a number [12] of publications that are listed on the curriculum [13] vitae.

Lawyer's Notes

[14] Do any of these publications deal with [15] the subject matter of post-operative infections?
[16] A: No.
[17] Q: Any deal with the subject matter of [18] mediastinitis?
[19] A: No.
[20] Q: Any with the subject matter of [21] endocarditis?
[22] A: No.
[23] Q: The presentations that you have listed [24] are any that are listed on this curriculum vitae, do [25] any of those deal with those subjects?

Page 13

[1] A: No.
[2] Q: Okay. The curriculum vitae that we have [3] marked as Plaintiff's Exhibit 1 is it current and [4] up-to-date?
[5] A: It's probably a few months behind.
[6] Q: Are there any additions or corrections [7] that you'd like to make?
[8] A: No.
[9] Q: What have you reviewed for this [10] deposition?
[11] A: I've reviewed some of the medical [12] records that were provided to me by my lawyer.
[13] Q: Okay. Could you tell me what portions [14] of the records that you've reviewed?
[15] A: Summaries that the — the emergency room [16] visit and the hospitalization in Elyria.
[17] Q: Have you reviewed any of the Cleveland [18] Clinic records from Cleveland Clinic proper?
[19] A: No.
[20] Q: Have you referred to any textbooks or [21] articles in preparation for this deposition?
[22] A: No.
[23] Q: What about the death certificate or [24] autopsy?
[25] A: What about it?

Page 14

[1] Q: Have you reviewed it in preparation for [2] this deposition?
[3] A: No.
[4] Q: Have you since the filing of this case [5] reviewed any of the actual echocardiograms done on [6] Charlotte Herbert?
[7] A: No.
[8] Q: Have you reviewed any deposition [9] testimony?
[10] A: No.
[11] Q: And since the filing of this case have [12] you discussed this case with any physicians?
[13] A: No.
[14] Q: Other than with counsel have you [15] discussed this case with anyone else?
[16] A: No.
[17] Q: Do you have any personal notes or [18] personal file on this case?
[19] A: No.

[20] Q: Have you ever generated such notes or [21] kept a file on this case?

[22] A: No.

[23] Q: Is there a textbook in your field of [24] practice that you consider to be the best or the most [25] reliable?

Page 15

[1] MS. CARULAS: Note my objection.

[2] A: No.

[3] Q: Are there any publications that you [4] believe have particular relevance to the issues in [5] this case?

[6] A: No.

[7] MS. CARULAS: Objection.

[8] Q: Have you participated in any research [9] dealing with the subjects of mediastinitis or [10] endocarditis?

[11] A: No.

[12] Q: What is post-cardiac surgery [13] mediastinitis?

[14] A: It's an infection in the mediastinum [15] after cardiac surgery.

[16] Q: Is there a difference between [17] post-cardiac surgery mediastinitis and post-cardiac [18] surgery sternal wound infection?

[19] A: I suppose it's a matter of degrees, yes.

[20] Q: How do you differentiate between the [21] two?

[22] A: Well, any wound infection will run a [23] whole spectrum from superficial to deep.

[24] Q: Does a sternal wound infection after [25] cardiac surgery place a patient at risk for

Page 16

[1] mediastinitis?

[2] MS. CARULAS: Just note my objection. [3] Go ahead.

[4] A: Not necessarily.

[5] Q: Is it a risk factor for mediastinitis?

[6] MS. CARULAS: Just note my objection. [7] Go ahead.

[8] A: It could be.

[9] Q: Now, Doctor, for the balance of this [10] deposition when I refer to mediastinitis I'm [11] referring to the type that occurs after cardiac [12] surgery, and I realize that mediastinitis can occur [13] in other instances but for the basis of this [14] deposition it's someone that develops mediastinitis [15] after cardiac surgery.

[16] What is the mediastinitis infection rate [17] after elective bypass surgery?

[18] A: Probably less than 1 percent.

[19] Q: And in August of 1995 what was the [20] mediastinitis rate for elective bypass surgery at [21] Elyria Memorial Hospital?

[22] A: I don't know.

[23] Q: Do you know whether it was consistent [24] with the usual expected rate?

[25] MS. CARULAS: Objection.

Lawyer's Notes

Page 17

[1] A: I believe it was.

[2] Q: How often in your current practice do [3] you see patients with post-cardiac surgery sternal [4] wound infections?

[5] A: Again, sternal wound infections can run [6] the gamut from very superficial, insignificant to [7] deep mediastinitis, and if you — if you include all [8] of those in that it's still a very small portion. [9] Probably in the range of two or three certainly. [10] Might say less than 5 percent of the patients.

[11] Q: Now, in your current practice do you do [12] revascularizations using bilateral mammary arteries?

[13] A: Yes.

[14] Q: And approximately how many in the last [15] year have you done that?

[16] A: With bilateral mammaries?

[17] Q: Yes.

[18] A: I don't know. It would be a guess but [19] maybe 30 or 40.

[20] Q: And approximately how many of those were [21] on diabetics?

[22] A: Probably none.

[23] Q: Okay. Is there a reason why none of [24] those were diabetic?

[25] MS. CARULAS: Just note my objection.

Page 18

[1] Go ahead.

[2] A: Sternal wound infections are known to [3] increase with bilateral mammaries and harvesting in [4] insulin-dependent diabetics.

[5] Q: What about noninsulin-dependent [6] diabetics?

[7] A: Well, it's less clear in those patients.

[8] Q: Would you agree that a sternal wound [9] infection in a diabetic patient that has had [10] bilateral mammary arteries used in revascularization [11] should be treated aggressively to decrease the risk [12] of infection spread?

[13] MS. CARULAS: Note my objection.

[14] A: Could you repeat the question?

[15] MS. TOSTI: Would you read my question [16] back.

[17] (Last question read back by the [18] reporter.)

[19] A: Sternal wound infection should be [20] treated whether they're diabetic or not. You know, [21] depending upon the clinical setting that they present [22] in.

[23] Q: Would you agree they should be treated [24] aggressively meaning opening the wound, debriding [25] them, looking for deep infection?

Page 19

[1] MS. CARULAS: Objection.

[2] A: No, I wouldn't say that that should be [3] done all the time at all.

[4] Q: And my question I was referring to a [5] diabetic that had bilateral mammary arteries. You [6] don't believe that that should be done all the time?

[7] **MS. CARULAS:** Same objection. Go [8] ahead.
[9] **A:** No. There's an entire spectrum of presentation and of — and of degree and if you would [11] be opening all these and treating them aggressively [12] you'd be doing a great disservice to the patients. [13] Not every patient warrants that.
[14] **Q:** Doctor, prior to Charlotte Herbert had [15] you personally diagnosed any patients with [16] post-cardiac surgery mediastinitis?
[17] **A:** Yes.
[18] **Q:** Is that something that you saw — I [19] don't want to say regularly in your practice but it [20] wasn't something that was unusual?
[21] **A:** I've 20 years experience of doing [22] cardiac surgery and this is a known complication and [23] it occurs.
[24] **Q:** What would be the signs of post-cardiac [25] surgery sternal wound infection?

Page 20

[1] **A:** Redness, erythema, drainage from the [2] incision, fevers and chills.
[3] **Q:** What would be early signs of [4] post-cardiac surgery mediastinitis?
[5] **A:** Early signs can be very general. Could [6] be like anything — any infection like anything [7] bothering them. It could be just a sense of feeling [8] poorly. It could be a low grade temperature. It can [9] be very, very nonspecific. Again, these things run [10] the entire spectrum.
[11] **Q:** Okay. And besides the general symptoms [12] what are the next set of symptoms that you may see?
[13] **A:** I'm not sure I follow where we go from [14] one to the next here.
[15] **Q:** I'm trying to discern what the signs and [16] symptoms of post-cardiac surgery mediastinitis would [17] be.
[18] You said initially early symptoms might [19] be just a general feeling of not — of feeling [20] poorly. Beyond that what other symptoms may you see [21] in that type of mediastinitis?
[22] **A:** Well, again, they may run an entire [23] spectrum from very minimal symptoms to instability of [24] the sternum and drainage from the incision.
[25] **Q:** Would you see chest pain with it?

Page 21

[1] **A:** You may.
[2] **Q:** Is that a common sign?
[3] **A:** It certainly can occur.
[4] **Q:** You see bacteremia with it?
[5] **A:** Not necessarily.
[6] **Q:** In some instances do you see bacteremia [7] with mediastinitis?
[8] **A:** They can be combined.
[9] **Q:** Leucocytosis?
[10] **A:** That could be one of the signs.
[11] **Q:** Pleural effusion?
[12] **A:** That could be one of the signs.

Lawyer's Notes

[13] **Q:** Fever?
[14] **A:** That could be another sign.
[15] **Q:** Tachycardia?
[16] **A:** That could be.
[17] **Q:** Now, Doctor, you mentioned sternal [18] instability. Would you agree that sternal [19] instability is a late finding when the infection is [20] well-advanced in mediastinitis?
[21] **A:** Well, you can have mediastinitis without [22] sternal instability.
[23] **Q:** I'm asking you specifically about [24] sternal instability and as to whether that is a late [25] finding when the mediastinitis is well-advanced?

Page 22

[1] **A:** It could be early, it could be late. It [2] runs a spectrum. Never presents the same way each [3] time.
[4] **Q:** Is sternal instability present in most [5] cases of post-cardiac surgery mediastinitis?
[6] **A:** I don't know if I can accurately answer [7] that.
[8] **Q:** In your practice in the times that [9] you've seen post-cardiac surgery mediastinitis do [10] most of those cases have sternal instability?
[11] **A:** A lot do but I'm not sure that most do. [12] It certainly is possible to have mediastinitis with a [13] perfectly stable sternum. Again, there's an entire [14] spectrum of presentation.
[15] **Q:** What causes the sternum to become [16] unstable in mediastinitis?
[17] **A:** Well, what causes the sternum to become [18] unstable in any situation is a loosening of the [19] wires, a breaking of the wires or a giving away of [20] the tissue.
[21] **Q:** And in post-cardiac surgery [22] mediastinitis why does that occur in some instances?
[23] **A:** Again, that can be a multi-factorial [24] thing. Some people cough a lot and cough the [25] incision loose. Some situations there's infection in

Page 23

[1] the tissue and the tissue gives — gets loose.
[2] **Q:** Can osteomyelitis of the sternum cause [3] the sternum to become unstable in patients with [4] mediastinitis?
[5] **A:** That would be one example of the tissue [6] giving way.
[7] **Q:** Doctor, if you need to answer your pager —
[8] **A:** I do.
[9] **Q:** — feel free to do so.
[10] **THE WITNESS:** I have to find another [11] phone here.
[12] (Pause.)
[13] **MS. TOSTI:** We all set?
[14] **THE WITNESS:** (Indicates.)
[15] **Q:** How long after cardiac surgery does [16] mediastinitis usually present if a patient's going to [17] develop mediastinitis?
[18] **A:** I think it's unusual to see it while [19] they're still in the hospital and usually it occurs [20] after

they've been discharged home in the first few [21] weeks after surgery.

[22] Q: Would you agree that mediastinitis due [23] to gram positive organisms usually present somewhat [24] later than infection caused by gram negative [25] organisms?

Page 24

[1] A: You know, I'm not sure that I know that [2] that's a fact.

[3] Q: How is mediastinitis diagnosed?

[4] A: Well, it depends upon its presentation.

[5] Q: Well, Doctor, I'd like for you to tell [6] me what methods can be used in what situations to [7] diagnose mediastinitis and you can qualify that any [8] way you choose to.

[9] A: Well, mediastinitis by definition is [10] infection of the mediastinal structures. It's a deep [11] wound infection so you have to find some way to make [12] the diagnosis that the infection is indeed even below [13] the sternum. That is done by CT scan. Sometimes [14] echoes help tell whether there's fluid around the [15] heart. It's sometimes done by probing the wound and [16] exploring the wound and seeing how deep it goes.

[17] Q: You do a physical exam of the patient?

[18] A: Yes.

[19] Q: Is that helpful?

[20] A: (Witness indicates.)

[21] Q: Are blood cultures helpful?

[22] A: Blood culture would tell you whether or [23] not there was a blood-borne infection but it would [24] not be a diagnosis of mediastinitis.

[25] Q: Is needle aspiration helpful?

Page 25

[1] A: It could be.

[2] Q: Have you ever utilized mediastinal [3] needle aspiration to assist in the diagnosis of [4] mediastinitis?

[5] A: I don't believe I ever have.

[6] Q: To your knowledge is mediastinal needle [7] aspiration used by other cardiothoracic surgeons in [8] diagnosing post-cardiac surgery mediastinitis?

[9] MS. CARULAS: Objection.

[10] A: I really can't comment on what other [11] cardiac surgeons do and I'm not aware of any [12] literature on needle aspiration.

[13] Q: What factors could increase the risk for [14] developing mediastinitis after cardiothoracic [15] surgery?

[16] A: What factors would increase the risk. [17] The patient's preoperative status, nutrition, [18] hygiene, presence or absence of any infections, [19] presence of co-morbidities such as diabetes or other [20] immune deficiencies, the surgical procedure itself, [21] the post-operative care and the home care.

[22] Q: The complexity of the surgery, is that a [23] factor in regard to the risk for developing [24] mediastinitis?

Lawyer's Notes

[25] A: It could be.

Page 26

[1] Q: Use of mammary arteries?

[2] A: Media — mediastinitis can occur without [3] the use of mammary arteries but we've already talked [4] about the increase of incidence in diabetics with [5] bilateral mammaries.

[6] Q: Doctor, do post-operative wound [7] infections occur more frequently in bypass patients [8] that are diabetic as compared to nondiabetic [9] patients?

[10] A: I think wounds occur more frequently in [11] diabetics, period.

[12] Q: Okay. My question is in regard to wound [13] infections after bypass surgery.

[14] A: Diabetes is an increased risk for wound [15] infections. Insulin diabetics.

[16] Q: What about —

[17] A: I can't comment on — I'm not sure it's [18] so clear with noninsulin or borderline diabetics. [19] Again, we get into the spectrum of presentation.

[20] Q: What are the complications associated [21] with post-cardiac surgery mediastinitis?

[22] MS. CARULAS: Just note my objection. [23] I'm not sure I understand the question but go ahead [24] if you...

[25] A: Well, complications can be again an

Page 27

[1] entire spectrum from sternal instability to prolonged [2] hospitalization on antibiotics that are treated [3] medically to full-blown endocarditis like this [4] patient had so just about anything is possible.

[5] Q: Would it be fair to say that one of the [6] complications —

[7] MS. TOSTI: Bev, are you having a [8] problem hearing because this gadget is making a [9] whistling sound?

[10] MS. HARRIS: I'm doing okay but you'll [11] hear me if I can't, okay?

[12] MS. TOSTI: All right.

[13] Q: Doctor, would it be fair to say that one [14] of the complications associated with this type of [15] post-operative mediastinitis would be extension of [16] infection into contiguous structures?

[17] A: That could be.

[18] Q: Sternal osteomyelitis, is that also a [19] complication of this type of mediastinitis?

[20] A: That could be.

[21] Q: Sepsis?

[22] A: That could be.

[23] Q: And you've mentioned the endocarditis. [24] That also can be a complication?

[25] A: If you have blood-borne, that could be.

Page 28

[1] Q: Would you agree that when a diabetic [2] patient that has had both mammary arteries used for [3] revascularization surgery presents a couple weeks [4] after surgery with fever, severe in-

cisional pain,^[5] elevated white blood count, that there should be a ^[6] high index of suspicion for mediastinitis?

^[7] **MS. CARULAS:** Objection.

^[8] **A:** Mediastinitis is in the differential ^[9] diagnosis for all patients that you see afterwards ^[10] that are having problems or complications.

^[11] **Q:** Would you agree in the patient that I ^[12] just described, though, there should be a high ^[13] suspicion or a high index of suspicion for ^[14] mediastinitis because the mediastinitis can lead, to ^[15] such catastrophic complications?

^[16] **MS. CARULAS:** Note my objection.

^[17] **A:** I don't think your index of suspicion is ^[18] affected by the possible outcomes of that. Your ^[19] index of suspicion is simply that. It's not based

Lawyer's Notes

ion.

^[13] (Previous question read back by the ^[14] reporter.)

^[15] **MS. CARULAS:** Objection. That has been ^[16] asked and answered.

^[17] **A:** Would you rephrase that? I can't answer ^[18] it any better than I already have unless there's ^[19] something...

^[20] **Q:** Doctor, is there a statistical ^[21] relationship between the length of time that ^[22] mediastinitis goes untreated and a direct ^[23] relationship with the seriousness and numbers of ^[24] complications that occur?

^[25] **MS. CARULAS:** Objection.

Page 31

^[1] **A:** I'm sorry. I find it very hard to ^[2] follow your — your thought here and there's an ^[3] entire spectrum and it depends upon the presentation, ^[4] it depends upon the organism, it depends upon the ^[5] degree of involvement. I can't answer the question ^[6] any better than I already have.

^[7] **Q:** Does the mortality associated with ^[8] mediastinitis increase as the length of time it takes ^[9] to initiate treatment increases?

^[10] **MS. CARULAS:** Objection. Same question ^[11] phrased slightly different.

^[12] **A:** I can't answer it any different than ^[13] what I already have.

^[14] **Q:** Doctor, what is the mortality rate for ^[15] cardiac surgery patients diagnosed and treated for ^[16] mediastinitis within a month of their cardiac ^[17] surgery?

^[18] **A:** Again, it depends on the degree of ^[19] mediastinitis but, you know, I wouldn't — I would ^[20] hesitate to give you an answer without referring to ^[21] the literature.

^[22] **Q:** Okay. I'm speaking overall for all ^[23] cases of post-cardiac surgery mediastinitis. Are you ^[24] able to tell me what the mortality rate is for ^[25] patients that are diagnosed and treated?

Page 32

^[1] **MS. CARULAS:** Just note my objection. ^[2] Don't guess. If you have an answer to the question —

^[3] **A:** I don't have that number off the top of ^[4] my head.

^[5] **Q:** Would you agree that the administration ^[6] of antibiotics is an essential component of therapy ^[7] for post-cardiac surgery mediastinitis?

^[8] **A:** Yes.

^[9] **Q:** Would you agree that the longer the ^[10] treatment of mediastinitis is delayed the greater the ^[11] chance that infection will spread to other parts of ^[12] the body?

^[13] **MS. CARULAS:** Objection. Asked and ^[14] answered. Go ahead.

^[15] **A:** It's the Same question and I'm going to ^[16] give you the same answer.

^[17] **Q:** Would you repeat your answer to the ^[18] question then?

^[19] **A:** Repeat your question.

^[20] **MS. TOSTI:** Would you please reread my ^[21]

^[1] **A:** Not necessarily. Again, there's a whole ^[2] spectrum of presentation and — and response to ^[3] treatments that occurs in mediastinitis.

^[4] **Q:** I want to be sure that I'm understanding ^[5] what you're saying.

^[6] You don't believe that the longer it ^[7] takes to treat mediastinitis the less likely there's ^[8] going to be successful treatment? And correct me if ^[9] I'm misunderstanding what you're saying.

^[10] **A:** Yeah. I think I'm very concerned that ^[11] you're putting words into my mouth here right now —

^[12] **Q:** I want to make sure that I understand ^[13] what you're saying —

^[14] **A:** Okay.

^[15] **Q:** — and so please explain if I've ^[16] misinterpreted what you've said.

^[17] **A:** Why don't you repeat the question ^[18] again?

^[19] **Q:** Okay. The longer mediastinitis goes ^[20] untreated the less likely treatment will be ^[21] successful. Do you agree with that statement?

^[22] **MS. CARULAS:** Objection.

^[23] **A:** I think that that is a possibility but ^[24] it's not necessarily universally true. It depends ^[25] upon the organism, it depends upon the degree of

Page 30

^[1] mediastinitis. It depends upon an entire variety of ^[2] variable factors.

^[3] **Q:** Would you agree that the longer ^[4] mediastinitis goes untreated the more likely ^[5] complications will occur?

^[6] **MS. CARULAS:** Objection.

^[7] **A:** I'm sorry. Haven't I answered this ^[8] question?

^[9] **Q:** I don't believe so, Doctor.

^[10] **A:** Would you restate it then?

^[11] **MS. TOSTI:** Would you repeat my ^[12] question?

question?
[22] (Previous question read back by the [23] reporter.)
[24] THE WITNESS: Can I ask you to read my [25] answer to her?

Page 33

[1] A: It depends upon the organism. It [2] depends upon the degree and it depends upon the [3] presentation. It depends upon the patient, the [4] co-morbidities, the immune factors. It depends upon [5] a variety of situations. I cannot sit here and say [6] definitely that, yes, this is right or that is wrong [7] and I will not.

[8] Q: Doctor, if —

[9] MS. TOSTI: Bev, we're getting a [10] whistling. I don't know if you can hear it on your [11] end.

[12] MS. CARULAS: We'll just have to live [13] with it I think.

[14] MS. TOSTI: Is she still there, though? [15] Bev are you still there?

[16] MS. CARULAS: Hello?

[17] (Pause.)

[18] BY MS. TOSTI:

[19] Q: If mediastinitis is suspected is [20] antibiotic therapy covering the most common pathogens [21] usually started immediately after blood cultures?

[22] A: If I suspected it, yes.

[23] Q: And then once the blood cultures are [24] clone and a specific infecting organism is identified [25] then the antibiotic therapy is tailored to that

Page 34

[1] specific type of infection, correct?

[2] A: Yes.

[3] Q: Doctor, if a patient has mediastinitis [4] following cardiac surgery should that patient be [5] hospitalized for treatment?

[6] A: It depends upon the severity.

[7] Q: Okay. Are there some instances —

[8] A: It depends on what you mean when you're [9] defining mediastinitis.

[10] Q: Well, give me your definition of [11] mediastinitis.

[12] A: Mediastinitis can run a spectrum of [13] disease from very mild to very severe and I have [14] certainly treated patients with deep wound infections [15] at home with dressing changes.

[16] Q: So in some instances patients with [17] post-cardiac surgery mediastinitis will not require [18] hospitalizations and can be treated at home?

[19] A: Post-operative wound infections run an [20] entire spectrum.

[21] Q: And I'm just asking you if there's some [22] instances that they don't require hospitalization and [23] they can be managed at home?

[24] A: It — it's very logical that at some [25] point in the management of these patients with

Page 35

[1] mediastinitis very early before the entire

Lawyer's Notes

course of [2] it has been defined or afterwards, after the course [3] has been contained that home care can be done for [4] them, yes.

[5] Q: Okay. How about initially when they are [6] first diagnosed with mediastinitis? Are there some [7] groups of patients with post-cardiac surgery [8] mediastinitis that will not require hospitalization [9] for their initial treatment?

[10] A: Well, it depends upon the presentation [11] and you don't know when these patients present what [12] the extent of it is and you have to sometimes wait [13] for things to declare themselves.

[14] Q: In a patient that's been diagnosed with [15] mediastinitis are there some patients that can be [16] cared for at home without having to hospitalize them?

[17] A: Well, I would — I assume that there [18] could be but this is such a rhetorical question that [19] I find it very difficult to give any — you're asking [20] a vague question and want a concrete answer from me.

[21] Q: All right.

[22] A: I find this line of questioning very [23] difficult.

[24] Q: Okay, Doctor. Let's take your [25] practice.

Page 36

[1] Have you had patients that have [2] developed post-cardiac surgery mediastinitis that you [3] have cared for at home that did not require [4] hospitalization for initial treatment?

[5] A: I'm sorry. I'm very uncomfortable here [6] because we're talking in such vague — I mean, I can [7] be so misunderstood by any answer that I give here [8] with this line of questioning that I —

[9] MS. TOSTI: I would prefer that you not [10] motion to him as to any type of an answer.

[11] Q: And I would prefer that you give your [12] answer to me directly.

[13] A: I'm giving my answer to you.

[14] Q: Okay. Now, please explain your answer [15] any way that you feel comfortable with, Doctor.

[16] A: I feel comfortable by saying that [17] post-operative coronary artery mediastinitis can [18] present in a spectrum of presentation depending upon [19] as we've said before the organism, the extent, the [20] stage at which it is in development; that depending [21] upon when it is seen at the time that it is seen and [22] the way that it is presented that there is different [23] ways that it can be treated successfully. That may [24] include local drainage procedures, I&Ds, it may [25] include antibiotics, it may include observation, it

Page 37

[1] may include hospitalization and IV antibiotics and it [2] may ultimately include debridement of the wound.

[3] Q: I'm going to ask my question again, [4] Doctor.

[5] In your practice have you had patients [6] that you have diagnosed with mediastinitis that have [7] not required hospitalization and that you have [8] treated at home?

[9] **A:** I have —
[10] **Q:** And I'm speaking —
[11] **A:** — answered —
[12] **Q:** — of the post-cardiac mediastinitis.
[13] **A:** And I have answered that question to the
[14] best of my ability and can give no other answer
than [15] what I have.
[16] **Q:** I'm asking you for a yes or no. [17] Have you
had patients that you have [18] diagnosed with
post-cardiac surgery mediastinitis [19] that you
have not hospitalized and have treated them [20] at
home? And I would ask that you either answer
that [21] yes or no and give whatever explanation
you like.
[22] **MS. CARULAS:** Just note my objection. [23] He
does not have to answer it either yes or no. I [24]
think he's answered —
[25] **MS. TOSTI:** I don't think he has

Page 38

[1] answered the question.
[2] **A:** I don't think that there's any rule in [3] the
deposition that says that I must answer yes or no
[4] and I believe that I have fully explained the [5]
treatment of mediastinitis to you.
[6] **Q:** Doctor, I'm asking in your practice [7]
whether you have had any patients that you have
[8] treated at home for post-cardiac surgery [9]
mediastinitis and have not hospitalized them?
[10] **A:** I answered that.
[11] **Q:** You haven't answered it. Have you had [12]
any?
[13] **THE WITNESS:** Would you read my answer
[14] back?
[15] **Q:** I'm asking have you had any patients? [16]
To me that's a yes or a no. Yes, I have. No, I have [17]
not.
[18] **A:** I said yes in that answer.
[19] **Q:** Okay.
[20] **A:** That in the spectrum of these —
[21] **Q:** Is your answer —
[22] **A:** Excuse me.
[23] **Q:** Is your answer yes?
[24] **A:** In that spectrum patients are treated [25]
depending upon their presentation, depending
upon the

Page 39

[1] degree and some of that treatment has
occurred at [2] home both pre- and post-
hospitalization,
[3] **Q:** And you did not —
[4] **A:** Yes.
[5] **Q:** — listen to my question, Doctor, [6] because
my question was once the diagnosis was made [7]
have you treated the patient at home and they
have [8] not required hospitalization?
[9] **A:** I'm sorry. I cannot give you a better [10]
answer than what I already have.
[11] **Q:** Doctor, what is bacteremia?
[12] **A:** Bacteremia is bacteria in the [13] blood-
stream.

Lawyer's Notes

[14] **Q:** Is it seen frequently with [15] mediastinitis?
[16] **A:** It may be.
[17] **Q:** Is it seen in most cases?
[18] **A:** It depends upon the degree of [19] med-
iastinitis. It certainly can be one thing. All [20]
mediastinitis does not have bacteremia.
[21] **Q:** In the majority of cases of [22] mediastinitis
do you see bacteremia?
[23] **MS. CARULAS:** Objection.
[24] **A:** I can't answer that question now. I [25] don't
know the answer to that question now.

Page 40

[1] **Q:** If a patient has bacteremia which you [2] said
is bacteria in the blood the bacteria can attach [3]
to other organs, colonize and form a new site of [4] a
infection, correct?
[5] **A:** Yes.
[6] **Q:** What does the term "sepsis" mean?
[7] **A:** Means infection from the bacteria in the [8]
bloodstream.
[9] **Q:** What is acute bacterial endocarditis?
[10] **A:** It's an infection of the endocardium of [11]
the heart. Did you say bacterial?
[12] **Q:** Yes.
[13] **A:** In that case it's by bacteria and it [14] most
frequently involves the valves.
[15] **Q:** And if a post-cardiac surgery patient [16]
develops bacteremia can that cause acute bac-
terial [17] endocarditis to develop?
[18] **A:** I've only seen it once in my lifetime.
[19] **Q:** And was that one time in this case with [20]
Charlotte Herbert?
[21] **A:** Yes.
[22] **Q:** Other than Charlotte Herbert have you [23]
seen any other patients who have developed
acute [24] bacterial endocarditis after having
bypass surgery?
[25] **A:** I'm sure that I must have.

Page 41

[1] **Q:** Would you agree that mediastinitis after [2]
bypass surgery would increase the risk for
developing [3] acute bacterial endocarditis — or
let me rephrase [4] that — would be a risk factor
for developing acute [5] bacterial endocarditis?
[6] **A:** Would mediastinitis be a risk factor for [7]
endocarditis? Is that the question?
[8] **Q:** Yes. After bypass?
[9] **A:** It could be one of them I suppose.
[10] **Q:** Would you agree that if a bypass patient [11]
develops mediastinitis that the infection should
be [12] treated promptly to decrease the risk of the
[13] infection spreading?
[14] **A:** Yes.
[15] **Q:** And would you agree that the sooner [16]
acute bacterial endocarditis is treated with [17]
antibiotics the more likely treatment will be [18]
successful?
[19] **MS. CARULAS:** Objection.
[20] **A:** We've answered that question.

[21] Q: This is in regard to acute bacterial [22] endocarditis, Doctor, not mediastinitis, and I don't [23] believe I've asked that question before.
[24] A: That's my mistake.
[25] MS. CARULAS: Objection.

Page 42

[1] A: Ask the question again.
[2] Q: The sooner acute bacterial endocarditis [3] is treated with antibiotics the more likely the [4] treatment will be successful?
[5] MS. CARULAS: Objection.
[6] A: Again, that would depend upon the [7] virility of the organism, the status of the patient, [8] the antibiotics used. And I refer again to the whole [9] spectrum of treatment.
[10] Q: I want to make sure I understand your [11] answer here.
[12] My question was in regard to the [13] treatment of bacterial endocarditis with antibiotics [14] so what I'm asking you is the time delay between the [15] time that the patient has acute bacterial [16] endocarditis and the initiation of antibiotics. You [17] don't think that that time period makes a difference [18] as to whether or not the treatment will be [19] successful?
[20] A: That may be a factor. I'm saying that [21] there are a lot of other factors involved also.
[22] Q: That's one factor, though?
[23] A: It may be a factor.
[24] Q: How is acute bacterial endocarditis [25] diagnosed?

Page 43

[1] A: Bacterial endocarditis can be diagnosed [2] by an index of suspicion with fevers and chills, with [3] splinter hemorrhages, from emboli, from sometimes [4] even bleeding. The objective evidence of it is [5] usually an echocardiogram that shows an infected or [6] vegetations on the valve.
[7] Q: Do you use blood cultures in the [8] diagnosis of acute bacterial endocarditis?
[9] A: Yes.
[10] Q: Is the presence or absence of a murmur [11] of any significance in the diagnosis of acute [12] bacterial endocarditis?
[13] A: It may be or it may not be.
[14] Q: If it's a new murmur is that something [15] that's significant?
[16] A: A new onset murmur would be a concern.
[17] Q: What are the complications associated [18] with acute bacterial endocarditis?
[19] A: It can run a spectrum from very minimal [20] complications to severe life-threatening [21] complications.
[22] Q: And what would those be?
[23] A: Congestive heart failure, renal [24] insufficiency, pulmonary edema, septic emboli.
[25] Q: Would you agree that the leading cause

Page 44

[1] of acute bacterial endocarditis is Staph aureus?

Lawyer's Notes

[2] A: You know, that depends upon the patient [3] populations you're talking about but staph is a very [4] common organism — organism in endocarditis.
[5] Q: Well, we're talking about post-cardiac [6] surgery patients.
[7] A: Well, that's a common organism.
[8] Q: Is Staph aureus also a common cause of [9] post-cardiac surgery mediastinitis?
[10] A: It's a common organism that causes [11] mediastinitis, yes.
[12] Q: And how is bacterial endocarditis [13] treated?
[14] A: Recognized cases of endocarditis are [15] treated with appropriate antibiotics depending upon [16] the blood cultures and the sensitivities of the [17] organism and if that's not successful surgery is [18] oftentimes used.
[19] Q: And in regard to surgery are you talking [20] about valve replacement?
[21] A: Valve replacement. Repair is less [22] common in endocarditis. It depends upon — on what — [23] where along the spectrum of the disease that you're [24] treating the patient, whether you've been able to [25] heal the endocarditis with antibiotics, whether it's

Page 45

[1] an active infection so there's no — there's no one [2] answer for it.
[3] Q: Under what circumstances would surgical [4] valve replacement be required in a patient that has [5] had bacterial endocarditis? What would be the [6] deciding factors that would cause the decision to be [7] made to replace the valve?
[8] A: Well, if the valve was — was failing [9] functionally, if there was a vegetation that was at a [10] high risk for embolizing or even if the valve had [11] been treated and the endocarditis was resolved but it [12] was left with a deformed valve and it was causing [13] problems, these would be some of the indications for [14] surgery.
[15] Q: Do you have an independent recollection [16] of Charlotte Herbert as you sit here today? Aside [17] from what you've read in the medical records in your [18] review —
[19] A: I remember —
[20] Q: — do you recall her?
[21] A: I remember her, sure..
[22] Q: Now, in August of 1995 did you have any [23] type of a professional association with Dr. Mikhail? [24] Was he a member of the Cleveland Clinic staff?
[25] A: He was.

Page 46

[1] Q: And did he hold any clinical position or [2] title with Cleveland Clinic that was senior to yours?
[3] A: No.
[4] Q: How is it that Charlotte Herbert came [5] under your care?
[6] A: I believe I was on call the weekend that [7] she came into the emergency room.

[8] Q: And if you could just tell me how the [9] on call system was working at that time. In other [10] words, were you on call for only Dr. Mikhail or were [11] you on call for several people? Were you working [12] just on the night shift?

[13] A: I was on call for the cardiac surgery [14] patients.

[15] Q: When you took —

[16] A: For the practice.

[17] Q: Okay. And how many cardiac surgeons [18] were you covering for?

[19] A: Two.

[20] Q: And who were they?

[21] A: Dr. Saltus and Dr. Mikhail.

[22] Q: And when you were taking call how long a [23] period of time were you taking call?

[24] A: I don't recall.

[25] Q: Generally-speaking did you do it for the

Page 47

[1] whole weekend or just on the night shift?

[2] A: No, it wouldn't be just the night shift [3] and it was likely the whole weekend.

[4] Q: Did you trade-off with Dr. Saltus and [5] Dr Mikhail on weekends to take call?

[6] A: Yes.

[7] Q: Among the three of you?

[8] A: Yes.

[9] Q: Dr. Mikhail was — I'm not sure if I'm [10] pronouncing his name correctly. Is it Mikhail?

[11] A: Mikhail.

[12] Q: Mikhail?

[13] A: (Witness indicates.)

[14] Q: Dr. Mikhail was out of town. Do you [15] know when he left to go out of town?

[16] A: No, I don't.

[17] Q: Prior to the time that he left did he [18] discuss Charlotte Herbert with you at anytime —

[19] A: No.

[20] Q: — prior to the emergency visit on [21] August 20th?

[22] A: No.

[23] Q: And did you consult with Dr. Mikhail at [24] anytime about Charlotte Herbert on August 20th when [25] she was seen in the emergency room?

Page 48

[1] A: No.

[2] Q: Did you consult with Dr. Mikhail at any [3] time prior to his return to town when she was in the [4] hospital?

[5] A: No.

[6] Q: Now, prior to August 20th which was the [7] date that she was seen in the emergency room had you [8] seen Charlotte Herbert as a patient?

[9] A: I don't recall.

[10] Q: And after the time that — let me back [11] up on that.

[12] Do you know whether you saw her at any [13] time prior to the time she had her bypass surgery?

Lawyer's Notes

[14] A: Not that I'm aware of.

[15] Q: Did you see her at all when she was [16] hospitalized for her bypass surgery that you recall?

[17] A: It's quite likely that I did but I don't [18] recall.

[19] Q: Would that be on rounds covering for Dr. [20] Mikhail?

[21] A: That's a possibility.

[22] Q: But you didn't at anytime care for her [23] as your patient?

[24] A: No.

[25] Q: When she presented to the emergency room

Page 49

[1] on August 20th how were you notified that she was [2] there?

[3] A: I don't recall the specifics. I'm sure [4] I was paged.

[5] Q: Did you speak to anyone from the [6] emergency room when you received the page? Did you [7] call them back?

[8] A: Well, I assume that I did but I don't [9] recall any details of that.

[10] Q: Do you recall if you talked to the [11] emergency room physician or one of the nurses?

[12] A: I don't recall.

[13] Q: Do you recall what you were told about [14] Charlotte Herbert?

[15] A: I do not.

[16] Q: Where were you when you received the [17] page?

[18] A: I don't recall.

[19] Q: Do you know whether you were in the [20] hospital or outside the hospital?

[21] A: I don't know.

[22] Q: Did you go to the emergency room to see [23] Charlotte Herbert on August 20th of '95?

[24] A: Yes.

[25] Q: And what was the reason that you decided

Page 50

[1] to go to the emergency room to see her?

[2] A: Because I was paged.

[3] Q: Okay. But, Doctor, I would assume that [4] it's your decision as to whether you go there or you [5] answer a question or whatever and I'm trying to [6] understand why it was that you went to the hospital [7] to see her as opposed to speaking with someone over [8] the phone about her?

[9] A: I see all of our patients that come in [10] to be seen.

[11] Q: Okay.

[12] A: They...

[13] Q: Go ahead. [14] So if the emergency room pages you you [15] would routinely go and see the patient if one of them [16] had presented to the emergency room?

[17] A: Depending upon, you know, what they [18] called about but, yes, as a general rule I would see

<p>[19] the patients.</p> <p>[20] Q: Do you know what time you saw Charlotte</p> <p>[21] Herbert in the emergency room?</p> <p>[22] A: It was early morning.</p> <p>[23] Q: Was anyone with Charlotte Herbert when</p> <p>[24] you saw her?</p> <p>[25] A: I believe she had a daughter with her.</p>	<div>Lawyer's Notes</div>	<div>Page 53</div> <p>[1] the emergency room record and is a portion</p> <p>of this [2] record in your handwriting?</p> <p>[3] A: Yes.</p> <p>[4] Q: Okay. Could you tell me what portion is [5] in</p> <p>your handwriting? Just the areas that you've [6]</p> <p>recorded information.</p> <p>[7] A: Well, that's just what I was telling [8] you.</p> <p>[9] Glucose was 281 but drawn after IV with [10] 5</p> <p>percent dextrose was started. No sternal wound —</p> <p>[11] no sternal infection. White count 16,000 and</p> <p>[12] complains of epigastric distress. The plan was</p> <p>to DC [13] medications, to give antacids, to follow</p> <p>her [14] temperature and to see her in the office or</p> <p>have her [15] call the office in the morning and tell</p> <p>me how she [16] was doing.</p> <p>[17] Q: And all that that you've just read is in [18]</p> <p>your handwriting —</p> <p>[19] A: That's —</p> <p>[20] Q: — is that correct?</p> <p>[21] A: That's correct.</p> <p>[22] Q: Okay. Now, Doctor, Dr. Adelman's [23]</p> <p>emergency note indicates that she was having</p> <p>severe [24] pain. Is that consistent with what you</p> <p>found?</p> <p>[25] A: No.</p>
<div>Page 51</div> <p>[1] There was someone with her.</p> <p>[2] Q: Did you have any conversations with that [3]</p> <p>person that you recall?</p> <p>[4] A: Yes, I did.</p> <p>[5] Q: Do you recall the content of any of [6] those</p> <p>conversations?</p> <p>[7] A: I don't remember the specifics of it. [8] We</p> <p>talked about how she was feeling, what her [9]</p> <p>problems were.</p> <p>[10] Q: Was Charlotte Herbert able to give you [11]</p> <p>any history?</p> <p>[12] A: Yes.</p> <p>[13] Q: Okay. What information did she give [14]</p> <p>you?</p> <p>[15] A: In generalities without me being totally [16]</p> <p>specific she said, you know, she was feeling</p> <p>poorly, [17] she hurt, she was having bad nausea</p> <p>and vomiting and [18] was generally feeling bad.</p> <p>[19] Q: Did she tell you when those symptoms [20]</p> <p>started?</p> <p>[21] A: Well, she had been — she had been [22]</p> <p>complaining of nausea and vomiting earlier that</p> <p>night [23] or, you know, during the night and in the</p> <p>morning.</p> <p>[24] Q: Were you aware that she was diabetic?</p> <p>[25] A: Can I look at the record, at the — I</p> <p>— ~ ~ ~ ~ ~ — — ~ ~ ~ ~ ~</p>		<div>Page 54</div> <p>[1] Q: So when you saw her she wasn't having [2]</p> <p>severe pain, correct?</p> <p>[3] A: No.</p> <p>[4] Q: His note also says that she was having [5]</p> <p>pain on movement. Did you find that in your [6]</p> <p>examination?</p> <p>[7] A: I don't recall that she was having [8] severe</p> <p>pain when she was moving. She was very [9]</p> <p>dramatic about everything but she seemed to be</p> <p>[10] reasonably comfortable and — and not</p> <p>debilitated [11] with pain.</p> <p>[12] Q: Okay. And he says that she was weak and</p> <p>[13] she was having so much pain in her chest that</p> <p>she [14] could not lift her head up. Did you note</p> <p>any problem [15] with her being able to lift her</p> <p>head up when you saw [16] her?</p> <p>[17] A: Not at all.</p> <p>[18] Q: I think the emergency room note says [19]</p> <p>that she was dizzy and nauseated. Was that [20]</p> <p>consistent with your findings?</p> <p>[21] A: Yes.</p> <p>[22] Q: And I believe there's a set of blood [23] gases</p> <p>also that are recorded in the emergency room [24]</p> <p>typewritten note.</p> <p>[25] Did you find that there was any</p>
<div>Page 52</div> <p>[1] looked at the emergency room record and,</p> <p>yes, I was [2] aware that she was diabetic.</p> <p>[3] Q: And were you aware that she had had [4]</p> <p>bilateral mammary artery implantations during</p> <p>her [5] revascularization?</p> <p>[6] A: I don't know if I knew that specifically [7] at</p> <p>that time or not.</p> <p>[8] Q: Did you request to have her old chart [9]</p> <p>brought to the emergency room from her bypass</p> <p>[10] surgery?</p> <p>[11] A: I don't recall.</p> <p>[12] Q: If you requested that's something that [13]</p> <p>you can do is have the old chart brought to the [14]</p> <p>emergency room, correct?</p> <p>[15] A: Yes.</p> <p>[16] Q: Did you do a physical examination when</p> <p>[17] you saw Charlotte Herbert?</p> <p>[18] A: Yes, I did.</p> <p>[19] Q: And what did you find on your physical [20]</p> <p>examination?</p> <p>[21] A: I didn't find any signs of a deep [22] sternal</p> <p>wound infection. I wrote in my note that she [23]</p> <p>had a glucose of 281 but it was drawn after an IV</p> <p>[24] with 5 percent dextrose was started.</p> <p>[25] Q: Okay. Now, Doctor, you're looking at</p>		<div>Page 55</div> <p>[1] deviations from normal in the blood gases</p> <p>that are [2] recorded there? Did you have those</p> <p>available to you, [3] first off, when you saw her?</p> <p>[4] A: I don't recall.</p> <p>[5] Q: Okay. And looking at those blood gases [6]</p> <p>are there any deviations from normal for this [7]</p> <p>patient?</p> <p>[8] A: Well, this says she's slightly [9] alkalotic. The</p>

Ph is 75. PO 2 is 76.

[10] Q: Are those abnormal blood gases for this [11] patient?

[12] A: I wouldn't be too concerned about it.

[13] Q: What was within your differential [14] diagnosis when you saw her?

[15] **MS. CARULAS:** Note my objection to the [16] term "differential diagnosis."

[17] A: The differential diagnosis in anyone [18] post-operatively —

[19] Q: Well, Doctor, my question is [20] specifically for Charlotte Herbert. I want to know [21] what was within your differential diagnosis?

[22] A: Then the differential diagnosis was [23] gastrointestinal problems. We looked at the incision [24] and I did not think that there was signs of a serious [25] wound infection at that point. Talked to her and her —

Page 56

[1] whoever was with her at the time and the main thing [2] she was complaining about was the epigastric [3] distress, the nausea and vomiting that she had. She [4] had had it before in the hospital. She was on [5] medications that could possibly cause that, [6] specifically the aspirin and the Darvocet, and so we [7] stopped those irritants, gave her some antacids and [8] asked to observe — asked her to observe the clinical [9] course and to check her temperature.

[10] Q: So getting back to the differential [11] diagnosis, you mentioned GI problems. Was there [12] anything else within your differential diagnosis?

[13] **MS. CARULAS:** Note my objection. I [14] believe he's answered what his impression was at the [15] time.

[16] Q: I'm going to ask you to please continue [17] with your answer. Other than gastrointestinal [18] problems was there anything else within your [19] differential diagnosis, Doctor?

[20] **MS. CARULAS:** Objection. Go ahead.

[21] A: I agree with my counsel. I believe I've [22] answered the question; that I looked at the wound, I [23] did not feel at that time that there was evidence of [24] a serious wound infection and my differential [25] diagnosis at that time was basically surrounding the

Page 57

[1] GI tract because of her previous history and because [2] of her presentation.

[3] Q: Doctor, if you need to answer your page —

[4] A: No. We can keep going.

[5] Q: So — and please correct me if I've [6] misunderstood you but at the time that you saw her in [7] the emergency room you did not have sternal wound [8] infection or mediastinitis within your differential [9] diagnosis?

[10] A: Oh, no. It certainly was within the [11] differential diagnosis.

[12] Q: Well, Doctor, that's what I was asking [13] you. I asked you specifically and the only thing [14] I've heard you answer is GI problems so please if

Lawyer's Notes

you [15] would elaborate on what was within your differential [16] diagnosis at the time that you saw her in the [17] emergency room.

[18] A: Well, any patient that I see and [19] specifically —

[20] Q: Doctor —

[21] **MS. CARULAS:** Let him —

[22] Q: — specifically Charlotte Herbert.

[23] **MS. CARULAS:** Let him answer the [24] question.

[25] A: I was saying specifically when I was

Page 58

[1] interrupted.

[2] I looked at her. I assessed her wounds [3] so wound infection was in the differential [4] diagnosis. I listened to her lungs, I listened to [5] her heart. That was in the differential diagnosis. [6] I poked on her stomach and talked to her and tried to [7] assess the GI thing so all of those things were in [8] the differential diagnosis.

[9] Q: Doctor, how do you define differential [10] diagnosis? What's your definition of differential?

[11] A: The realm of possibility. Given the [12] signs and symptoms what are the possibilities [13] something could be happening and within that [14] differential diagnosis you pick the most likely that [15] appears at that given point in time given the [16] patient's presentation, and I felt at that time given [17] her past history, her presentation at that point that [18] the GI was the most likely cause of her problems and [19] elected to watch for the others but to treat that at [20] the present time.

[21] Q: You disagree then with what Dr. Adelman [22] has included in his emergency room note that: this was [23] a probable wound infection and possible [24] mediastinitis. Is that correct?

[25] A: The probable, yes, I disagree with. The

Page 59

[1] possible mediastinitis, anything is possible.

[2] Q: Did she have any signs or symptoms or [3] lab results that would be consistent with [4] mediastinitis at the time that you saw her in the [5] emergency room?

[6] A: I found nothing specific to mediastinitis.

[7] Q: My question was signs and symptoms and [8] lab results that would be consistent with [9] mediastinitis, Doctor.

[10] **MS. CARULAS:** Objection.

[11] A: In an ill patient there's a spectrum of [12] possibilities and there are labs and things that we [13] do that are general. She had white blood cell counts [14] that was elevated and she had a temperature and there [15] is a multitude of things which could cause that and [16] certainly the possibility of wound infection and [17] mediastinitis was considered at that point.

[18] Q: Was she having any kind of pain in the [19] incision at the time that you saw her?

[20] A: She was complaining of pain in the lower [21] portion of the incision.

[22] Q: Did she have any sternal instability at [23] the time that you saw her?

[24] A: I don't believe so.
[25] Q: Is that something that you checked?

Page 60

[1] A: Always.
[2] Q: Did Charlotte Herbert have any risk [3] Factors for mediastinitis when you saw her on August [4] 20th?
[5] MS. CARULAS: Note my objection.
[6] A: We've been through the risk factors of [7] mediastinitis and I believe I've answered that [8] question.
[9] Q: Doctor, you have not answered it in [10] regard to Charlotte Herbert and I'm asking you [11] specifically on August 20th in the emergency room did [12] Charlotte Herbert have any risk factors for [13] mediastinitis?
[14] A: Charlotte Herbert had open heart surgery [15] and she was a risk for having mediastinitis. She had [16] noninsulin-dependent diabetes of some degree which [17] may increase the risk for wound infections and [18] mediastinitis.
[19] Q: She also had bilateral internal mammary [20] artery implants with her revascularization and that [21] would be a factor also, wouldn't it?
[22] A: The — whether or not bilateral internal [23] mammaries and noninsulin diabetes is a risk Factor [24] I'm not sure of.
[25] Q: Now, did you give any consideration to

Page 61

[1] admitting Charlotte Herbert when you saw her in the [2] emergency room?
[3] A: I did.
[4] Q: Okay. And what was the basis for your [5] decision nor to admit her at that time?
[6] A: I talked — I examined her, I talked [7] with her and the family I asked — I don't remember the specific words that were used. We talk to them — [9] I talked to them and I felt that this was something [10] that could be observed, that we wanted to keep track [11] of it. That's why I wanted to check with them in the [12] morning but it was my judgment at that time that it [13] was not necessarily something that she would have to [14] be admitted to the hospital for.
[15] At that particular point in time, the [16] particular presentation that she had, my impression [17] was that she had some gastrointestinal process that [18] was causing her nausea and vomiting and the [19] discomfort in her epigastrium. I discussed it with [20] them. I suggested that we take away the medications [21] that could possibly be irritating that, give her some [22] antacids that could possibly relieve that and to [23] observe farther, see what the results of that [24] treatment would be and what the clinical course would [25] be.

Page 62

[1] Q: Doctor, can't mediastinitis sometimes [2] cause epigastric-type pain?
[3] A: Anything's possible. In my experience, [4] however, nausea, vomiting, an epigastric pain is not [5] a presenting factor of people with wound

Lawyer's Notes

infections [6] with mediastinitis.
[7] Q: If a patient with mediastinitis has a [8] retroperitoneal extension do they have acute [9] abdominal signs and symptoms?
[10] A: I've never seen a retroperitoneal [11] extension of mediastinitis.
[12] Q: Now, she had a white blood cell count of [13] 16,900 when she was in the emergency room, correct?
[14] A: Where is that? I'd have to look at the [15] lab tests. I have 16,000 written on my —
[16] Q: Okay.
[17] A: — on my note but I will spot you the 900.
[18] Q: Okay. Is there any reason why you chose [19] not to order blood cultures at that time knowing that [20] this patient had had recent bypass surgery? Is there [21] any reason? Is that something you considered and [22] chose not to do?
[23] A: I'm not sure how I — how to answer that [24] question except to say that given her presentation [25] and my experience and the way that the wound looked

Page 63

[1] and so forth I felt at that point in time that it [2] looked more like a gastrointestinal issue than — [3] than a full-blown sepsis and mediastinitis.
[4] Q: She was febrile at the time that you saw [5] her and also had an elevated white blood cell count.
[6] A: Yes.
[7] Q: Shouldn't that raise an index of [8] suspicion for infection?
[9] A: Yes.
[10] Q: Okay. In a patient that has had recent [11] bypass surgery with an index of suspicion for [12] infection wouldn't a reasonably prudent physician [13] order blood cultures for the patient?
[14] MS. CARULAS: Objection.
[15] A: All I can say is that I looked at this [16] patient and given the presentation at the time, you [17] know, I chose to treat her in this manner. I thought [18] it was prudent to follow this and to watch this but I [19] did not — you know, the record's clear that I did [20] not order blood cultures. I do not order blood [21] cultures on every post-op patient that has a [22] temperature.
[23] Q: And a white blood cell count over 16,000?
[24] A: A white blood cell count is elevated. [25] There are other things that can do that and it's not

Page 64

[1] necessarily mediastinitis.
[2] Q: What other things in Charlotte Herbert's [3] case do you think was causing her white blood cell [4] count to be that level?
[5] A: Let's go back to the spectrum of [6] possibilities. Anything is possible.
[7] Q: I'd like to know in this case.
[8] MS. CARULAS: He's answering your [9] question, Jeanne.
[10] Q: When you evaluated her —

[11] **A:** Yes.

[12] **Q:** — you were aware of the clinical data [13] that she had a white blood cell count over 16,000 [14] you were aware that she was running a temperature and [15] I would like to know what you thought was causing the [16] elevated temperature as well as the elevation in the [17] white blood cell count.

[18] **A:** Yes. And — and I think I answered that [19] question that it was my impression at that time that [20] we were dealing with a gastrointestinal process. I [21] thought it was likely that maybe she had gotten the [22] flu, that she had gastritis maybe even a perforated [23] ulcer. I mean, the whole spectrum runs here but at [24] that point in time given her presentation and my [25] experience and the information that I had I chose to

Page 65

[1] treat her this way.

[2] **Q:** At some point after you saw her in the [3] emergency room did Charlotte Herbert have [4] mediastinitis at some point in her hospitalization?

[5] **A:** Yes, she did.

[6] **Q:** Okay. Do you have an opinion as to when [7] she developed mediastinitis?

[8] **MS. CARULAS:** Note my objection.

[9] **A:** Some point after heart surgery.

[10] **Q:** Okay. Do you have an opinion as to [11] whether she had mediastinitis at the time that you [12] saw her in the emergency room?

[13] **A:** It's —

[14] **MS. CARULAS:** Objection. Go ahead.

[15] **A:** Anything is possible.

[16] **Q:** When you saw her in the emergency room [17] did she have any signs or symptoms of endocarditis?

[18] **A:** Not that I was aware of.

[19] **Q:** Do you have an opinion as to when she [20] developed endocarditis?

[21] **A:** We had on the — was it the 22nd — [22] transthoracic echocardiogram that showed normal valve [23] and that Friday I believe it was that she threw an [24] embolus that was removed and found to be a septic [25] embolus. Some time during that period she developed

Page 66

[1] mitral valve endocarditis.

[2] **Q:** So is it likely when the echo was done [3] that didn't show any problems that — let me rephrase [4] this.

[5] Is it likely that the endocarditis [6] developed some time after the echo that was done on [7] the 22nd?

[8] **A:** All I can say is that there was no [9] echocardiographic evidence according to the [10] echocardiographer's report of endocarditis on the [11] 22nd.

[12] **Q:** Now, Doctor, the instructions that you [13] gave Charlotte Herbert in the emergency room were [14] that she was to contact your office the next day and [15] come in and see you. Is that correct?

Lawyer's Notes

[16] **A:** That's right.

[17] **Q:** Okay. And what did you tell Charlotte [18] Herbert in regard to what was going on when you saw [19] her in the emergency room? What was the information [20] that you provided to her?

[21] **A:** Well, specifics are difficult for me to [22] recall but I — any patient like this I would have [23] told to watch very carefully for the temperature, see [24] how things go, call me if there's a problem, come in [25] the next day and we'll recheck.

Page 67

[1] **Q:** Now —

[2] **A:** And — and I would also ask them if they [3] were comfortable with that decision.

[4] **Q:** Okay. And do you recall if there was [5] any response from Charlotte Herbert when you told her [6] this? Do you remember any part of the conversation?

[7] **A:** As I remember they were comfortable with [8] that. If they had said that they wanted to be — if [9] they wanted to be admitted to the hospital that I [10] would have done it. If they were uncomfortable with [11] the plan of care that we had outlined we would have [12] changed it.

[13] **Q:** When you saw her in the emergency room [14] did you have any preconceived plans of admitting her [15] the next day? Had you made any decisions in regard [16] to admission the next day?

[17] **A:** No. My decision at that point was to [18] see what developed over the course of time. We were [19] in an evolving process and it was important to watch [20] and see what happened.

[21] **Q:** Who is Dr. Krause? Do you know who he [22] is?

[23] **A:** I don't.

[24] **Q:** Now, Charlotte Herbert presented to your [25] office the following day on August 21st. Is that

Page 68

[1] correct?

[2] **A:** Yes, I believe that's correct.

[3] **Q:** And did you on that day examine her and [4] assess her condition?

[5] **A:** I think we — I don't remember the exact [6] specifics of it but I — but the — she called and we [7] admitted her right to the hospital at that point.

[8] **Q:** Did she come in and did you actually see [9] her in person?

[10] **A:** You know, I don't remember.

[11] **Q:** Okay. Do you recall doing any kind of a [12] physical exam or anything prior to admission?

[13] **A:** I don't remember.

[14] **Q:** Okay. What was the reason that she was [15] being admitted?

[16] **A:** Because she had continued to have a [17] temperature, continued to feel bad, wasn't doing well [18] at home and — and I do recall now she had started to [19] di-ain from the — from the incision I believe.

[20] **Q:** Do you recall what was within your [21] differential diagnosis on August 21st when you saw [22] her?

[23] A: At that point we had gotten pus out of [24] the incision and we admitted her with the impression, [25] "rule out mediastinitis, rule out" — I can't even

Page 69

[1] read Jeff —

[2] MS. CARULAS: Gastritis.

[3] THE WITNESS: Yeah.

[4] A: — "gastritis."

[5] Q: Was she admitted to the hospital under [6] your service?

[7] A: Yes.

[8] Q: And, Doctor, you had rule out [9] mediastinitis. What factors did you observe in her [10] that would lead you to a differential diagnosis of [11] rule out mediastinitis?

[12] A: At this point things had changed and she [13] was draining pus out the lower portion of the incision.

[14] Q: Okay. Mediastinitis is a deep wound [15] infection, correct?

[16] A: (Witness indicates.)

[17] Q: Okay. And what evidence did you have [18] that this was a deep wound infection as opposed to [19] just a sternal infection?

[20] A: You know, we didn't have any. We could [21] have just as easily written rule out superficial [22] wound infection. We could have just as easily [23] written rule out substernal infection but we knew at [24] this point with the drainage of the pus that that [25] issue had to be addressed and that we had to find out

Page 70

[1] the extent of it.

[2] Q: Who is Jeffrey Weiland?

[3] A: He's a physician's assistant that worked [4] with us at the Cleveland Clinic.

[5] Q: Okay. He was a Cleveland Clinic [6] employee also?

[7] A: Yes.

[8] Q: And, Doctor, there's a progress note [9] that is written by I think Jeffrey Weiland as an [10] admission note at 1420 hour.

[11] A: Mm'mm.

[12] Q: And it says that she was seen in your [13] office and that she continued to have nausea, [14] vomiting, achiness, fever, chills. Is that [15] consistent with your findings?

[16] A: Yes.

[17] Q: And did you go to the hospital when she [18] was admitted? Did you see her in the hospital then [19] or did you just see her in the office?

[20] A: You know, I really don't recall exactly [21] what the situation was.

[22] Q: Do you recall checking her for sternal [23] instability on the 21st?

[24] A: I don't recall that. I recall that we [25] made our decision around the new finding of the

Page 71

[1] drainage of purulent material from the

Lawyer's Notes

incision.

[2] Q: Now, the information that's contained in [3] Jeff Weiland's note would that be information that he [4] obtained from you or would he be doing his own [5] physical exam?

[6] A: No. We'd be doing it together.

[7] Q: Okay.

[8] A: He would be doing his and we'd be in [9] close communication.

[10] Q: Okay. Now, his note from the 21st, it [11] says chest stable with cough. Would that be an [12] observation that he was making with you?

[13] A: Yes.

[14] MS. CARULAS: How we doing here [15] time-wise? Am I going to catch my 7 flight?

[16] MS. TOSTI: I doubt it.

[17] MS. HARRIS: Am I going to miss my [18] dinner?

[19] MS. TOSTI: We will go until we're done [20] here. I've probably got at least another half hour [21] or more.

[22] Q: The nurse's notes indicate that this [23] lady was admitted around 12:15. The doctor's orders [24] don't indicate that there were any orders for blood [25] cultures on this lady until about 2:20.

Page 72

[1] Is there any reason why you didn't order [2] blood cultures for her on admission?

[3] A: I don't recall the circumstances.

[4] Q: Okay. Wouldn't you expect if the [5] patient was coming in with a diagnosis of rule out [6] mediastinitis that blood cultures should be done [7] immediately upon admission?

[8] MS. CARULAS: Objection.

[9] A: This is pretty immediate for...

[10] Q: Doctor, if you have a suspicion of [11] mediastinitis in this patient wouldn't it be [12] important to put her on prophylactic antibiotics as [13] soon as possible?

[14] A: Antibiotics would be important, yes.

[15] Q: Yes. Okay. So it would be important to [16] get the blood cultures done and then to start the [17] patient on the antibiotics as soon as possible, [18] correct?

[19] A: Yes.

[20] Q: Okay. In this instance there were —

[21] A: Excuse me.

[22] Q: Go ahead. Finish your answer if you [23] have anything in addition you want to add.

[24] A: No, I don't.

[25] Q: Okay. In this instance there were no

Page 73

[1] antibiotic orders written for this patient I think [2] until 5:30. Is there a reason why those orders were [3] written at 5:30 and not at the time that the patient [4] was admitted to the hospital?

[5] A: I don't know what the reason is.

[6] Q: You would agree, though, that in a [7] patient such as this with a diagnosis of rule out [8]

mediastinitis that they should have been ordered on [9] admission, the antibiotic orders?
[10] **MS. CARULAS:** Objection.
[11] **A:** I — I don't know how to answer that [12] question. I don't think that a two-hour difference [13] in here makes any difference in the treatment of the [14] patient and the final outcome of the patient nor do I [15] know what the circumstance-recall what the [16] circumstances were that caused that time difference [17] in there but I'm quite certain that it didn't affect [18] the final outcome of this patient and I say that [19] because she was started on the strongest antibiotics [20] that we know, that she had a normal echocardiogram [21] after that and while on these antibiotics she [22] developed vegetation on the mitral valve so do I [23] think that a delay of two hours or twelve hours or [24] whatever in this patient made a difference? No. I [25] think that that's very hard to answer that because it

Page 74

[1] depends upon the degree, the spectrum, the virility [2] of the organism, the patient's immune system and a [3] variety of factors.
[4] **Q:** Now, she had a set of blood cultures [5] that were clone on August 21st and those blood [6] cultures showed that she had a bacteremia caused by [7] Staph aureus. Is that correct?
[8] **THE WITNESS:** Is that correct?
[9] **A:** Can I consult the chart?
[10] **Q:** I'm not trying to ask you —
[11] **A:** Okay.
[12] **Q:** — specifically when the blood cultures [13] were clone but ultimately the blood cultures that were [14] done showed that her infection was a Staph aureus [15] infection, correct?
[16] **A:** I believe that's correct.
[17] **Q:** And that she had a bacteremia caused by [18] Staph aureus based on the blood cultures correct?
[19] **A:** Yes.
[20] **Q:** Do you have an opinion as to whether the [21] blood cultures would have been positive for Staph [22] aureus if they had been clone in the emergency room on [23] the 20th?
[24] **MS. CARULAS:** Objection.
[25] **A:** Anything is possible.

Page 75

[1] **Q:** Doctor, her bacterial endocarditis was [2] also found to be due to Staph aureus. Is that correct?
[3] **A:** Yes.
[4] **Q:** And is it likely that the mediastinitis [5] that she had caused the endocarditis?
[6] **A:** I think that's likely.
[7] **MS. TOSTI:** I'm editing.
[8] **MS. CARULAS:** What's that?
[9] **MS. TOSTI:** I'm editing.
[10] **MS. CARULAS:** That's encouraging.
[11] **MS. HARRIS:** Keep going.
[12] **MS. CARULAS:** If you think that by [13] chance

Lawyer's Notes

you can finish up within 25 minutes we can [14] call for a cab and at least then — you know, that [15] way you could make that seven o'clock flight as well [16] because it's only like ten minutes —
[17] **MS. TOSTI:** I'm not sure. It depends on —
[18] **MS. CARULAS:** Okay. Let's check in ten [19] minutes.
[20] **Q:** Doctor, when you have a patient that has [21] mediastinitis such as the type that Charlotte Herbei-t [22] had what's the purpose of opening and debriding that [23] wound? Why do you do that?
[24] **A:** The basic principles of a wound [25] infection is drainage and debridement and it's the

Page 76

[1] same for her mediastinitis as it is for any other [2] wound infection.
[3] **Q:** Does the removal of the infected [4] material and debris from the wound reduce the risk of [5] the infection spreading?
[6] **A:** It may.
[7] **Q:** Does it promote healing?
[8] **A:** It may and, again, it depends upon the [9] spectrum, involvement and all of the factors that [10] we've discussed several times here before as to how [11] this patient is going to respond and what treatment [12] is going to be successful.
[13] **Q:** Okay. When Charlotte Herbert came into [14] the hospital on the 21st did you take any action to [15] open and debride her wound on the day of her [16] admission?
[17] **A:** We expressed some — there's some [18] drainage. We expressed some purulent material from [19] the lower portion of her wound.
[20] **Q:** Was there a reason why you did not open [21] the wound on the 21st when she came into the hospital?
[22] **A:** Well, specifically for her it's — you [23] know, it's difficult for me to recall but in most all [24] these patients you take it by stages and — and by [25] the signs and symptoms and the things that you see

Page 77

[1] and your experience. And we got some pus out. We [2] didn't get any more. The next day it looked [3] different and we opened it up and drained more.
[4] **Q:** Okay. How —
[5] **A:** We observed that for awhile and then Dr. [6] Saltus made a decision to — well, then I think — [7] then I think it was noted that the sternum was [8] unstable and the decision was made then to completely [9] open the wound — the incision. We had hoped to [10] avoid that.
[11] **Q:** How did the wound look different on the [12] 22nd?
[13] **A:** It was draining. It was draining [14] purulent material.
[15] **Q:** Okay. It was draining on the 21st and [16] you said you didn't open it based on your clinical [17] decision but you did open it on the 22nd because it [18] looked different —

[19] **A:** Didn't stop.
[20] **Q:** — and I want to know what the [21] difference was?
[22] **MS. CARULAS:** Review the records at [23] least just so you're completely
[24] (Pause.)
[25] **A:** The drainage didn't stop. We took the

Page 78

[1] dressing off. There was a lot of drainage on the [2] dressing and so we figured that it was more than just [3] a little pus under there and that we needed to look [4] farther.
[5] **Q:** Okay. Now, you opened only a portion of [6] the wound. Is that correct?
[7] **A:** That's correct.
[8] **Q:** Okay. What portion of the wound did you [9] open?
[10] **A:** The lower portion.
[11] **Q:** Now, is there a reason why you chose [12] only to open that portion of the wound rather than [13] the whole wound?
[14] **A:** Well, yes. As I explained before we had [15] hoped not to have to — to be able to treat it with [16] less aggressive measures, not to have to rewire her [17] sternum. We were hoping that it would be a more [18] contained infection. We were trying to in the [19] process watch her clinical course and find out the [20] extent of this.
[21] **Q:** Now, Doctor, she was admitted on the [22] 21st after she saw you at the office. You opened [23] this wound at least according to the note on the [24] evening of the 22nd —
[25] **A:** That's right.

Page 79

[1] **Q:** — I believe is the note. [2] Did you see her in the morning on the [3] 22nd?
[4] **A:** Yes.
[5] **Q:** Is there a reason why you didn't choose [6] to open the wound that morning?
[7] **A:** Yes.
[8] **Q:** Okay. What was that reason?
[9] **A:** The wound had less purulent material [10] expressed, slightly less redness and she's feeling [11] better are the notes that we made.
[12] **Q:** Okay. And you're referring to —
[13] **MS. CARULAS:** The 9:10 a.m. note on the [14] 22nd.
[15] **Q:** So in the morning on the 22nd did you [16] feel that things were improving at that point?
[17] **A:** We felt that she was resting [18] comfortably, that she was feeling better today, she [19] still remained febrile but the wound had less [20] drainage and slightly less red so it didn't look like [21] it was worse at that point.
[22] **Q:** The opening of the wound that you did in [23] the evening on the 22nd was that done at the bedside?
[24] **A:** Yes, it was.
[25] **Q:** Did you do any debridement when you

Lawyer's Notes

Page 80

[1] opened the wound at that point in time?
[2] **A:** I don't remember the exact specifics of [3] that but we opened the wound, expressed what we could [4] and we might have — if there was a little bit there [5] where we didn't do any big procedure, any big [6] debridement, no.
[7] **Q:** After the procedure that was done on the [8] evening of the 22nd did you see Charlotte Herbert [9] after that point in time?
[10] **A:** I think at that point Dr. Saltus assumed [11] her care.
[12] **Q:** Okay. Why is it that Dr. Saltus assumed [13] her care?
[14] **A:** Well, Dr. Saltus —
[15] **MS. CARULAS:** If you know.
[16] **A:** — was the staff surgeon there [17] practicing with Dr. Mikhail and I had other [18] responsibilities down at the main campus as well.
[19] **Q:** So at the time that you were seeing [20] Charlotte Herbert were you working down in Cleveland [21] as well as in Elyria; at both places? Did you have [22] patients at both places?
[23] **A:** Most likely.
[24] **Q:** Did you spend a portion of your time at [25] both places during the week?

Page 81

[1] **A:** I don't remember the specifics of that [2] at that particular time but — but, yeah. I might [3] have been at both places.
[4] **Q:** Okay. And what did you tell Dr. Saltus [5] in regard to Charlotte Herbert's condition when he [6] took over her care?
[7] **A:** Well, I don't remember specifics of what [8] I — what I told him but he was there with us when we [9] debrided it and he was fully cognizant of what had [10] been done and...
[11] **Q:** When you opened the wound on the evening [12] of the 22nd, Dr. Saltus was there with you?
[13] **A:** Yes. I —
[14] **MS. CARULAS:** That's all right. You've [15] answered.
[16] **Q:** Okay.
[17] **A:** You know, I thought that he was but I — I recall that could be — could be wrong. I don't [19] know.
[20] **Q:** Okay.
[21] **MS. CARULAS:** No. He was.
[22] **A:** It might have been Jeff that was there, [23] too, or maybe all — both of them were there. I [24] don't recall.
[25] **Q:** It appears that —

Page 82

[1] **A:** I thought that he was.
[2] **Q:** — that the physician's assistant wrote [3] the note so I'm just interested in knowing if there [4] was anyone additional there and if you don't recall, [5] that's fine.
[6] Dr. Saltus's note on the 24th indicates [7] that he

found some sternal instability. Did he [si] discuss her case with you at any point after the [9] 22nd? Were you still in on any discussions regarding [10] her care with Dr. Saltus?

[11] **A:** I remember specifically, yes, to answer [12] that. I remember specifically him telling me about [13] the plans for the debridement, for opening the chest [14] and, of course, the complication of the emboli.

[15] **Q:** Even though Dr. Saltus was managing [16] after that point were you in to see her at any point [17] that you recall after the 22nd?

[18] **A:** I don't recall.

[19] **Q:** Did you have any input into the decision [20] to take her to surgery for the opening of the [21] remaining portion of her incision and debridement or [22] was that Dr. Saltus's decision?

[23] **A:** Well, Dr. Saltus is certainly capable of [24] making that decision and — and I believe that lie [25] told me that it needed to be done but at that point,

Page 83

[1] you know, he was managing the care. I mean...

[2] **Q:** Do you know why that surgery was [3] necessary? And I'm speaking of the debridement and [4] the opening of the wound.

[5] **A:** Well, as — as this was followed and as [6] this developed the sternal instability occurred. We [7] had pus draining from an incision and an unstable [8] sternum and that would be the indication.

[9] **Q:** So would it be fair to say that her [10] infection was spreading?

[11] **MS. CARULAS:** Just note my objection [12] again because he wasn't there but to the best of your [13] understanding based upon this discussion you had with [14] Dr. Saltus.

[15] **A:** Yes.

[16] **Q:** Doctor, when a patient has mediastinal [17] infection of the type that Charlotte Herbert has why [18] are the wires in the chest usually removed in the [19] procedure?

[20] **A:** First of all, you're qualifying this as [21] a type that Charlotte Herbert had and I've never seen [22] one like hers before in my life. Let me make that [23] clear. But in any patient that has —

[24] **Q:** Let me withdraw the question and [25] rephrase it.

Page 84

[1] In Charlotte Herbert's case why was it [2] indicated to remove the sternal wires?

[3] **A:** Foreign body in a site of infection.

[4] **Q:** Okay. And a foreign body in a site of [5] infection, why would you want to remove the foreign [6] body? What impact does that have on an infectious [7] process?

[8] **A:** First of all, besides the fact that [9] there's a foreign body and it can be a nidus for [10] infection, they're serving no purpose because they're [11] not holding the sternum together any more.

[12] **Q:** Have you taken patients to surgery to [13] open a sternal wound, debride it and remove

Lawyer's Notes

wires in [14] your practice?

[15] **A:** Yes.

[16] **Q:** Once sternal instability is noted is [17] there an urgency in getting that patient into surgery [18] to open the wound, debride it and remove the sternal [19] wires?

[20] **MS. CARULAS:** Objection.

[21] **A:** Not necessarily.

[22] **Q:** Were you present for that surgery?

[23] **A:** No.

[24] **Q:** Doctor, one of the complications that [25] can occur with bacterial endocarditis is that

Page 85

[1] vegetations can sometimes break off from a heart [2] valve and travel through the bloodstream as a septic [3] embolism, correct?

[4] **A:** Yes.

[5] **Q:** And in a patient that has had recent [6] bypass surgery and has mediastinitis if they develop [7] acute limb ischemia would you agree that there should [8] be a high index of suspicion for septic embolism from [9] bacterial endocarditis?

[10] **MS. CARULAS:** Note my objection. Go [11] ahead.

[12] **A:** Well, there's a variety of things that [13] cause limb ischemia and an embolus and in that [14] endocarditis is one of them.

[15] **Q:** Would you agree in Charlotte Herbert's [16] case that acute ischemia of her left lower extremity [17] on August 25th should have raised a high suspicion [18] that she may be having vegetative embolisms from [19] endocarditis?

[20] **A:** Again, anybody, Charlotte or anyone [21] else, limb ischemia, there's a variety of reasons [22] that can cause that and we would entertain all of [23] them.

[24] **Q:** Okay. But in her case —

[25] **MS. CARULAS:** Just note my objection.

Page 86

[1] **A:** I was answering that in her case.

[2] **Q:** In her case should there have been a [3] high level of suspicion that the limb ischemia may be [4] due to vegetative embolisms?

[5] **MS. CARULAS:** Just note my objection [6] because obviously he wasn't there to assess this [7] patient and so forth and I think you've answered the [8] question but go ahead. If you can answer it —

[9] **A:** I believe I have answered the question [10] and having not been there and recalling the facts [11] there is no reason — well, I shouldn't comment [12] because I wasn't there. I wasn't taking care of the [13] patient.

[14] **Q:** During the time that Charlotte Herbert [15] was hospitalized at Elyria Memorial Hospital did you [16] have any phone conversations with Dr. Mikhail about [17] her?

[18] **A:** I don't recall.

[19] **Q:** Did you participate in any way in the [20] decision to transfer her to Cleveland Clinic proper [21] in Cleveland?

[22] A: No, I didn't.
[23] Q: Did you have any conversations with [24] Charlotte Herbert's family while she was a patient at [25] Elyria?

Page 87

[1] MS. CARULAS: If you recall.
[2] A: I don't recall specifically but I think [3] that I would have in those first two days but I can't [4] specifically recall them.
[5] Q: And after she was transferred to [6] Cleveland Clinic did you see her as a patient at all?
[7] A: No.
[8] Q: And after she was transferred to [9] Cleveland Clinic did you have any conversations with [10] any of the family members?
[11] A: Not that I recall.
[12] Q: Do you have an opinion as to what caused [13] Charlotte Herbert's death?
[14] MS. CARULAS: Note my objection.
[15] A: No. I wasn't involved in her care at [16] the end.
[17] Q: Do you have an opinion as to what caused [18] her subsequent strokes?
[19] A: I wasn't involved in her care at that [20] time.
[21] MS. TOSTI: Just about done.
[22] Q: Do you have an opinion as to what point [23] in time her condition was irreversible?
[24] MS. CARULAS: Objection.
[25] A: No, I don't.

Page 88

[1] Q: Do you have an opinion as to whether [2] earlier transfer to Cleveland Clinic for valve [3] replacement surgery would have prevented her death?
[4] A: No, I don't.
[5] Q: Was Charlotte Herbert's death ever [6] discussed in any type of a staff meeting?
[7] MS. CARULAS: Objection.
[8] A: It would have been discussed at the [9] morbidity and mortality conference.
[10] Q: If Charlotte Herbert had not developed [11] endocarditis and her mediastinitis had been treated [12] successfully do you have an opinion as to what her [13] reasonable life expectancy would be?
[14] MS. CARULAS: Objection.
[15] A: The easy answer is no.
[16] Q: Okay. How did you learn of Charlotte [17] Herbert's death?
[18] A: I don't recall.
[19] Q: Did you learn of her death at some time [20] prior to the filing of this suit?
[21] A: Yes.
[22] Q: Did you have any conversations with any [23] of the physicians that treated Charlotte Herbert at [24] Cleveland Clinic in Cleveland? And I'm speaking of [25] the time when she was hospitalized there. Did you

Lawyer's Notes

Page 89

[1] have any conversations with any of the doctors at the [2] Cleveland Clinic?
[3] A: I don't recall any specific conversations.
[4] Q: Do you have any criticisms of anyone [5] that rendered care to Charlotte Herbert?
[6] A: Does that include the legal team [7] afterwards?
[8] Q: I don't believe any of them rendered [9] care so, no.
[10] Do you have any criticisms of anyone [11] that rendered care to Charlotte Herbert?
[12] A: No.
[13] Q: And do you blame Charlotte Herbert in [14] any way for the complications that she suffered?
[15] A: Medicine is an inexact science and we [16] all do the best that we can in it with our [17] experiences, with our education and with the [18] presentation of things that are given to us. We [19] don't go around pointing fingers and blaming people [20] and — and putting cause on things. We all try and [21] do the best that we possibly can given the [22] circumstances that we're working in.
[23] Charlotte was an unfortunate individual [24] that had life-threatening diseases and the [25] combination of those diseases came together in her

Page 90

[1] and caused a very unfortunate situation and some very [2] dedicated people worked very, very hard to try and [3] correct that for her and they weren't successful.
[4] MS. TOSTI: Now, Doctor, I don't have [5] any further questions. I don't know if Beverly [6] Harris may have some questions for you.
[7] MS. CARULAS: You still there?
[8] MS. HARRIS: I don't have any. Thank you.
[9] MS. CARULAS: You have the right to read [10] over the transcript to make sure everything's taken [11] down accurately. I always recommend that you do that [12] and not waive signature.
[13] I'll order a copy, send it to me, you [14] have my address and then I'll send it on to the [15] Doctor.
[16] And you waive the typical time [17] requirements?
[18] MS. TOSTI: How much time do you want? [19] I don't leave it open-ended so tell me what you need.
[20] MS. CARULAS: Yes. Month to six weeks?
[21] MS. TOSTI: Okay.
[22] MS. CARULAS: Is that fair? Okay. All [23] right.
[24] (Reporter retains exhibit.)
[25] (6:27 p.m.)

Page 91

JURAT-
I, CRAIG SAUNDERS, M.D., do hereby
certify that I have read the foregoing transcript of
my testimony taken on Tuesday, April 6, 1999 and have
signed it subject to the following changes:
PAGE LINE CHANGE
CRAIG SAUNDERS, M.D.
DATE: _____
Sworn and subscribed to before me this

day of _____, 19__ .
NOTARY PUBLIC

Lawyer's Notes

Lawyer's Notes

<p>1</p> <p>13:1, 14; 13:3; 16:18 12:15 71:23 142070:10 16,000 53:1 1; 62:15; 63:23; 64:13 16,900 62:13 1981 10:13 1995 10:21; 16:19; 45:22</p>	<p>9</p> <p>900 62:17 95 49:23 98 12:2 9:10 79:13</p> <p>A</p>	<p>agree 18:8, 23; 21:18; 23:22; 28:1, 11, 21; 29:21; 30:3; 32:5, 9; 41:1, 10, 15; 43:25; 56:21; 73:6; 85:7, 15 Agreed 6:20 agreement 3:4; 7:13 ahead 4:10; 6:1, 22; 16:3, 7; 18:1; 19:8; 26:23; 32:14; 50:13; 56:20; 65:14; 72:22; 85:11; 86:8 alkalotic 55:9 allegation 6:15, 18; 8:2 allegations 7:19 along 44:23 Always 60:1; 90:11 Among 47:7 amount 11:23 answered 30:7, 16; 32:14; 37:11, 13, 24; 38:1, 10, 11; 41:20; 56:14, 22; 60:7, 9; 64:18; 81:15; 86:7, 9 antacids 53:13; 56:7; 61:22 antibiotic 33:20, 25; 73:1, 9 antibiotics 27:2; 32:6; 36:25; 37:1; 41:17; 42:3, 8, 13, 16; 44:15, 25; 72:12, 14, 17; 73:19, 21 Anything's 62:3 appears 58:15; 81:25 apply 3:5 appropriate 8:6; 44:15 Approximately 11:10; 17:14, 20 area 7:21; 8:17 areas 10:1; 53:5 around 24:14; 70:25; 71:23; 89:19 arrested 7:1 arteries 17:12; 18:10; 19:5; 26:1, 3; 28:2 artery 36:17; 52:4; 60:20 articles 13:21 Aside 45:16 aspect 11:6 aspiration 24:25; 25:3, 7, 12 aspirin 56:6 assess 58:7; 68:4; 86:6 assessed 58:2 assist 25:3 assistant 70:3; 82:2 associated 26:20; 27:14; 31:7; 43:17 association 45:23 assume 5:3; 12:5; 35:17; 49:8; 50:3 assumed 80:10, 12 attach 40:2 attached 3:14 attorney's 7:16</p>	<p>August 10:21; 16:19; 45:22; 47:21, 24; 48:6; 49:1, 23; 60:3, 11; 67:25; 68:21; 74:5; 85:17 aureus 44:1, 8; 74:7, 14, 18, 22; 75:2 autopsy 13:24 available 10:5; 55:2 avoid 77:10 aware 25:11; 48:14; 51:24; 52:2, 3; 64:12, 14; 65:18 away 22:19; 61:20 awhile 77:5</p>	<p>17; 71:24; 72:2, 6, 16; 74:4, 5, 12, 13, 18, 21 blood-borne 24:23; 27:25 bloodstream 39:13; 40:8; 85:2 Board 9:11, 23; 10:1, 4 body 32:12; 84:3, 4, 6, 9 borderline 26:18 both 11:4, 19; 28:2; 39:2; 80:21, 22, 25; 81:3, 23 bothering 20:7 break 85:1 breaking 22:19 briefly 4:22 Broadwater 7:22; 8:16 brought 52:9, 13 bypass 16:17, 20; 26:7, 13; 40:24; 41:2, 8, 10; 48:13, 16; 52:9; 62:20; 63:11; 85:6</p>
<p>2</p> <p>2 55:9 20 19:21 20th 47:21, 24; 48:6; 49:1, 23; 60:4, 11; 74:23 21st 67:25; 68:21; 70:23; 71:10; 74:5; 76:14, 21; 77:15; 78:22 22nd 65:21; 66:7, 11; 77:12, 17; 78:24; 79:3, 14, 15, 23; 80:8; 81:12; 82:9, 17 24th 82:6 25 75:13 25th 85:17 281 52:23; 53:9 2:20 71:25</p>	<p>a.m 79:13 abdominal 62:9 ability 37:14 able 5:4; 31:24; 44:24; 51:10; 54:15; 78:15 abnormal 55:10 absence 25:18; 43:10 according 66:9; 78:23 accurately 22:6; 90:11 achiness 70:14 acted 9:13 action 76:14 active 45:1 actual 14:5 actually 68:8 acute 40:9, 16, 23; 41:3, 4, 16, 21; 42:2, 15, 24; 43:8, 11, 18; 44:1; 62:8; 85:7, 16 add 72:23 addition 72:23 additional 82:4 additions 13:6 address 90:14 addressed 69:25 Adelman 58:21 Adelman's 53:22 administration 32:5 administrative 11:4, 6, 22 admission 67:16; 68:12; 70:10; 72:2, 7; 73:9; 76:16 admit 61:5 admitted 61:14; 67:9; 68:7, 15, 24; 69:5; 70:18; 71:23; 73:4; 78:21 admitting 61:1; 67:14 affect 73:17 affected 28:18 affiliate 10:24; 11:2 afterwards 28:9; 35:2; 89:7 again 6:19; 17:5; 20:9, 22; 22:13, 23; 26:19, 25; 29:1, 18; 31:18; 37:3; 42:1, 6, 8; 76:8; 83:12; 85:20 against 6:6, 8, 13; 7:19; 8:11, 16 aggressive 78:16 aggressively 18:11, 24; 19:11 ago 8:1</p>	<p>B</p> <p>back 18:16, 17; 30:13; 32:22; 38:14; 48:10; 49:7; 56:10; 64:5 bacteremia 21:4, 6; 39:11, 12, 20, 22; 40:1, 16; 74:6, 17 bacteria 39:12; 40:2, 2, 7, 13 bacterial 40:9, 11, 16, 24; 41:3, 5, 16, 21; 42:2, 13, 15, 24; 43:1, 8, 12, 18; 44:1, 12; 45:5; 75:1; 84:25; 85:9 bad 51:17, 18; 68:17 balance 16:9 Barnabas 3:22, 23; 12:6 based 3:12; 28:19; 74:18; 77:16; 83:13 basic 75:24 basically 56:25 bask 16:13; 61:4 become 22:15, 17; 23:3 bedside 79:23 behind 13:; below 24:12 besides 20:11; 84:8 best 14:24; 37:14; 83:12; 89:16, 21 better 30:18; 31:6; 39:9; 79:11, 18 Bev 3:13; 27:7; 33:9, 15 Beverly 90:5 Beyond 20:20 big 80:5, 5 bilateral 17:12, 16; 18:3, 10; 19:5; 26:5; 52:4; 60:19, 22 bit 80:4 blame 89:13 blaming 89:19 bleeding 43:4 block 6:10 blood 24:21, 22; 28:5; 33:21, 23; 40:2; 43:7; 44:16; 54:22; 55:1, 5, 10; 59:13; 62:12, 19; 63:5, 13, 20, 20, 23, 24; 64:3, 13,</p>	<p>C</p> <p>C 3:2 cab 75:14 California 6:4, 14 call 46:6, 10, 11, 13, 22, 23; 47:5; 49:7; 53:15; 66:24; 75:14 called 12:8; 50:18; 68:6 came 46:4, 7; 76:13, 21; 89:25 campus 80:18 can 5:10; 6:16; 16:12; 17:5; 20:5, 8; 21:3, 8, 21; 22:6, 23; 23:2; 24:6, 7; 26:2, 25; 27:24; 28:14, 20; 32:24; 33:10; 34:12, 18, 23; 35:3, 15; 36:6, 17, 23; 37:14; 39:19; 40:2, 16; 43:1, 19; 51:25; 52:13; 57:4; 63:15, 25; 66:8; 74:9; 75:13, 13; 84:9, 25; 85:1, 22; 86:8; 89:16, 21 capable 82:23 capacity 4:15 cardiac 12:6; 15:15, 25; 16:11, 15; 19:22; 23:15; 25:11; 31:15, 16; 34:4; 46:13, 17 cardiothoracic 25:7, 14 cardiovascular 10:5 care 3:19, 22; 4:1; 9:2; 25:21, 21; 35:3; 46:5; 48:22; 67:11; 80:11, 13; 81:6; 82:10; 83:1; 86:12; 87:15, 19; 89:5, 9, 11 cared 35:16; 36:3 carefully 66:23 CARULAS 3:8; 4:9, 13, 18; 5:21, 25; 6:19, 22; 7:7; 8:4; 9:5; 10:11, 13, 15, 17; 11:7, 11; 15:1, 7; 16:2, 6, 25; 17:25; 18:13; 19:1, 7;</p>	<p>C</p> <p>C 3:2 cab 75:14 California 6:4, 14 call 46:6, 10, 11, 13, 22, 23; 47:5; 49:7; 53:15; 66:24; 75:14 called 12:8; 50:18; 68:6 came 46:4, 7; 76:13, 21; 89:25 campus 80:18 can 5:10; 6:16; 16:12; 17:5; 20:5, 8; 21:3, 8, 21; 22:6, 23; 23:2; 24:6, 7; 26:2, 25; 27:24; 28:14, 20; 32:24; 33:10; 34:12, 18, 23; 35:3, 15; 36:6, 17, 23; 37:14; 39:19; 40:2, 16; 43:1, 19; 51:25; 52:13; 57:4; 63:15, 25; 66:8; 74:9; 75:13, 13; 84:9, 25; 85:1, 22; 86:8; 89:16, 21 capable 82:23 capacity 4:15 cardiac 12:6; 15:15, 25; 16:11, 15; 19:22; 23:15; 25:11; 31:15, 16; 34:4; 46:13, 17 cardiothoracic 25:7, 14 cardiovascular 10:5 care 3:19, 22; 4:1; 9:2; 25:21, 21; 35:3; 46:5; 48:22; 67:11; 80:11, 13; 81:6; 82:10; 83:1; 86:12; 87:15, 19; 89:5, 9, 11 cared 35:16; 36:3 carefully 66:23 CARULAS 3:8; 4:9, 13, 18; 5:21, 25; 6:19, 22; 7:7; 8:4; 9:5; 10:11, 13, 15, 17; 11:7, 11; 15:1, 7; 16:2, 6, 25; 17:25; 18:13; 19:1, 7;</p>
<p>3</p> <p>3 10:11, 17, 18 30 17:19</p>	<p>4</p> <p>40 17:19</p>	<p>5</p> <p>5 17:10; 52:24; 53:10 5:30 73:2, 3</p>	<p>6</p> <p>6:27 90:25</p>	<p>7</p> <p>7 71:15 75 55:9 76 55:9</p>
<p>8</p> <p>89 10:15</p>	<p>8</p>	<p>8</p>	<p>8</p>	<p>8</p>

25:9; 26:22; 28:7, 16, 25;
 29:22; 30:6, 15, 25; 31:10;
 32:1, 13; 33:12, 16; 37:22;
 39:23; 41:19, 25; 42:5;
 55:15; 56:13, 20; 57:21,
 23; 59:10; 60:5; 63:14;
 64:8; 65:8, 14; 69:2; 71:14;
 72:8; 73:10; 74:24; 75:8,
 10, 12, 18; 77:22; 79:13;
 80:15; 81:14, 21; 83:11;
 84:20; 85:10, 25; 86:5;
 87:1, 14, 24; 88:7, 14;
 90:7, 9, 20, 22
case 4:17; 5:20; 6:6, 23;
 7:2, 16, 25; 8:3, 7, 9, 17;
 9:17, 17; 14:4, 11, 12, 15,
 18, 21; 15:5; 40:13, 19;
 64:3, 7; 82:8; 84:1; 85:16,
 24; 86:1, 2
cases 6:3, 12, 16, 17;
 7:18; 8:5, 5, 10, 15; 22:5,
 10; 31:23; 39:17, 21; 44:14
catastrophic 28:15
catch 71:15
cause 23:2; 40:16; 43:25;
 44:8; 45:6; 56:5; 58:18;
 59:15; 62:2; 85:13, 22;
 89:20
caused 23:24; 73:16;
 74:6, 17; 75:5; 87:12, 17;
 90:1
causes 22:15, 17; 44:10
causing 45:12; 61:18;
 64:3, 15
cell 59:13; 62:12; 63:5,
 23, 24; 64:3, 13, 17
certain 73:17
certainly 17:9; 21:3;
 22:12; 34:14; 39:19;
 57:10; 59:16; 82:23
certificate 13:23
certification 10:7
Certifications 10:18
certified 9:23; 10:2
Chairmanship 12:5
chance 32:11; 75:13
changed 67:12; 69:12
changes 34:15
charge 10:24
Charlotte 3:19; 4:2; 9:3,
 8; 14:6; 19:14; 40:20, 22;
 45:16; 46:4; 47:18, 24;
 48:8; 49:14, 23; 50:20, 23;
 51:10; 52:17; 55:20;
 57:22; 60:2, 10, 12, 14;
 61:1; 64:2; 65:3; 66:13, 17;
 67:5, 24; 75:21; 76:13;
 80:8, 20; 81:5; 83:17, 21;
 84:1; 85:15, 20; 86:14, 24;
 87:13; 88:5, 10, 16, 23;
 89:5, 11, 13, 23
chart 52:8, 13; 74:9
check 56:9; 61:11; 75:18
checked 59:25
checking 70:22
chest 20:25; 54:13;
 71:11; 82:13; 83:18

chills 20:2; 43:2; 70:14
choose 5:13; 24:8; 79:5
chose 62:18, 22; 63:17;
 64:25; 78:11
circumstance 73:15
circumstances 45:3;
 72:3; 73:16; 89:22
Civil 3:5
clear 18:7; 26:18; 63:19;
 83:23
Cleveland 3:20; 4:3; 6:4;
 7:21; 8:11, 17; 10:22, 23;
 13:17, 18; 45:24; 46:2;
 70:4, 5; 80:20; 86:20, 21;
 87:6, 9; 88:2, 24, 24; 89:2
Clinic 3:20; 4:3; 10:22,
 24; 13:18, 18; 45:24; 46:2;
 70:4, 5; 86:20; 87:6, 9;
 88:2, 24; 89:2
clinical 11:4, 17, 23, 24,
 18; 21; 46:1; 56:8; 61:24;
 64:12; 77:16; 78:19
close 71:9
clotted 6:25
co-morbidities 25:19;
 33:4
cognizant 81:9
colonize 40:3
combination 89:25
combined 21:8
comfortable 36:15, 16;
 54:10; 67:3, 7
comfortably 79:18
coming 72:5
comment 25:10; 26:17;
 86:11
common 21:2; 33:20;
 44:4, 7, 8, 10, 22
communication 71:9
compared 26:8
complaining 51:22;
 56:2; 59:20
complains 53:12
completely 77:8, 23
complexity 25:22
complication 19:22;
 27:19, 24; 82:14
complications 26:20,
 25; 27:6, 14; 28:10, 15;
 30:5, 24; 43:17, 20, 21;
 84:24; 89:14
component 32:6
concern 43:16
concerned 29:10; 55:12
concrete 35:20
condition 68:4; 81:5;
 87:23
conference 88:9
Congestive 43:23
consider 14:24
consideration 60:25
considered 59:17; 62:21
consistent 16:23; 53:24;
 54:20; 59:3, 8; 70:15

consult 47:23; 48:2; 74:9
contact 66:14
contained 35:3; 71:2;
 78:18
content 51:5
contiguous 27:16
continue 56:16
continued 68:16, 17;
 70:13
continuing 6:1, 20
conversation 67:6
conversations 51:2, 6;
 86:16, 23; 87:9; 88:22;
 89:1, 3
copy 12:11; 90:13
coronary 36:17
corrections 13:6
correctly 47:10
cough 22:24, 24; 71:11
counsel 3:5; 4:20; 5:10,
 13, 15; 14:14; 56:21
count 28:5; 53:11; 62:12;
 63:5, 23, 24; 64:4, 13, 17
counts 59:13
Couple 8:1; 28:3
course 35:1, 2; 56:9;
 61:24; 67:18; 78:19; 82:14
court 5:6
covering 33:20; 46:18;
 48:19
criticisms 89:4, 10
CT 24:13
culture 24:22
cultures 24:21; 33:21,
 23; 43:7; 44:16; 62:19;
 63:13, 20, 21; 71:25; 72:2,
 6, 16; 74:4, 6, 12, 13, 18,
 21
current 13:3; 17:2, 11
currently 3:21; 8:25
curriculum 3:13; 12:11,
 12, 24; 13:2
CV 3:12; 10:9

D

D 3:2
Darvocet 56:6
data 64:12
date 48:7
daughter 50:25
day 66:14, 25; 67:15, 16,
 25; 68:3; 76:15; 77:2
days 87:3
DC 53:12
deal 12:14, 17, 25
dealing 8:18; 15:9; 64:20
death 13:23; 87:13; 88:3,
 5, 17, 19
debilitated 54:10
debride 76:15; 84:13, 18
debrided 81:9

debridement 37:2;
 75:25; 79:25; 80:6; 82:13,
 21; 83:3
debriding 18:24; 75:22
debris 76:4
decided 49:25
deciding 45:6
decision 45:6; 50:4; 61:5;
 67:3, 17; 70:25; 77:6, 8,
 17; 82:19, 22, 24; 86:20
decisions 67:15
declare 35:13
decrease 18:11; 41:12
dedicated 90:2
deep 15:23; 17:7; 18:25;
 24:10, 16; 34:14; 52:21;
 69:14, 18
defect 3:6
defendant 4:17, 19; 5:19,
 24
defense 7:9
deficiencies 25:20
define 58:9
defined 35:2
defining 34:9
definitely 33:6
definition 24:9; 34:10;
 58:10
deformed 45:12
degree 19:10; 29:25;
 31:5, 18; 33:2; 39:1, 18;
 60:16; 74:1
degrees 15:19
delay 42:14; 73:23
delayed 32:10
delete 3:11
depend 42:6
depending 18:21; 36:18,
 20; 38:25, 25; 44:15; 50:17
depends 24:4; 29:24, 25;
 30:1; 31:3, 4, 4, 18; 33:1,
 2, 2, 3, 4; 34:6, 8; 35:10;
 39:18; 44:2, 22; 74:1;
 75:17; 76:8
deposition 3:7, 15; 4:5,
 15, 21; 5:13; 13:10, 21;
 14:2, 8; 16:10, 14; 38:3
described 28:12
details 49:9
develop 23:17; 40:17;
 85:6
developed 36:2; 40:23;
 65:7, 20, 25; 66:6; 67:18;
 73:22; 83:6; 88:10
developing 25:14, 23;
 41:2, 4
development 36:20
develops 16:14; 40:16;
 41:11
deviations 55:1, 6
devoted 11:24
dextrose 52:24; 53:10
diabetes 25:19; 26:14;
 60:16, 23

diabetic 17:24; 18:9, 20;
 19:5; 26:8; 28:1; 51:24;
 52:2
diabetics 17:21; 18:4, 6;
 26:4, 11, 15, 18
diagnose 24:7
diagnosed 19:15; 24:3;
 31:15, 25; 35:6, 14; 37:6,
 18; 42:25; 43:1
diagnosing 25:8
diagnosis 24:12, 24;
 25:3; 28:9; 39:6; 43:8, 11;
 55:14, 16, 17, 21, 22;
 56:11, 12, 19, 25; 57:9, 11,
 16; 58:4, 5, 8, 10, 14;
 68:21; 69:10; 72:5; 73:7
difference 15:16; 42:17;
 73:12, 13, 16, 24; 77:21
different 31:11, 12;
 36:22; 77:3, 11, 18
differential 28:8; 55:13,
 16, 17, 21, 22; 56:10, 12,
 19, 24; 57:8, 11, 15; 58:3,
 5, 8, 9, 10, 14; 68:21;
 69:10
differentiate 15:20
difficult 35:19, 23; 66:21;
 76:23
dinner 71:18
DIRECT 3:17; 30:22
directly 36:12
disagree 58:21, 25
discern 20:15
discharged 23:20
discomfort 61:19
discuss 47:18; 82:8
discussed 14:12, 15;
 61:19; 76:10; 88:6, 8
discussion 83:13
discussions 82:9
disease 34:13; 44:23
diseases 89:24, 25
dismissed 7:10; 8:22
disservice 19:12
distress 53:12; 56:3
dizzy 54:19
Doctor 3:18; 5:18; 8:24;
 9:23; 11:10; 12:10; 16:9;
 19:14; 21:17; 23:7; 24:5;
 26:6; 27:13; 30:9, 20;
 31:14; 33:8; 34:3; 35:24;
 36:15; 37:4; 38:6; 39:5, 11;
 41:22; 50:3; 52:25; 53:22;
 55:19; 56:19; 57:3, 12, 20;
 58:9; 59:9; 60:9; 62:1;
 66:12; 69:8; 70:8; 72:10;
 75:1, 20; 78:21; 83:16;
 84:24; 90:4, 15
doctor's 71:23
doctors 89:1
done 14:5; 17:15; 19:3, 6;
 24:13, 15; 33:24; 35:3;
 66:2, 6; 67:10; 71:19; 72:6,
 16; 74:5, 13, 14, 22; 79:23;
 80:7; 81:10; 82:25; 87:21

<p>doubt 71:16 down 5:6; 10:18; 80:18; 20; 90:11 Dr 3:13; 45:23; 46:10, 21, 21; 47:4, 5, 9, 14, 23; 48:2, 19; 53:22; 58:21; 67:21; 77:5; 80:10, 12, 14, 17; 81:4, 12; 82:6, 10, 15, 22, 23; 83:14; 86:16 drain 68:19 drainage 20:1, 24; 36:24; 69:24; 71:1; 75:25; 76:18; 77:25; 78:1; 79:20 drained 77:3 draining 69:13; 77:13, 13; 15; 83:7 dramatic 54:9 drawn 52:23; 53:9 dressing 34:15; 78:1, 2 due 23:22; 75:2; 86:4 duly 3:2 during 5:12; 51:23; 52:4; 65:25; 80:25; 86:14 duties 11:2</p> <hr/> <p>E</p> <hr/> <p>E 3:2 earlier 51:22; 88:2 early 20:3, 5, 18; 22:1; 35:1; 50:22 easily 69:21, 22 easy 88:15 echo 66:2, 6 echocardiogram 43:5; 65:22; 73:20 echocardiograms 14:5 echocardiographer's 66:10 echocardiographic 66:9 echoes 24:14 edema 43:24 editing 75:7, 9 education 89:17 effusion 21:11 either 7:11; 8:21; 37:20, 23 elaborate 57:15 elected 58:19 elective 16:17, 20 elevated 28:5; 59:14; 63:5, 24; 64:16 elevation 64:16 else 14:15; 56:12, 18; 85:21 Elyria 10:25; 13:16; 16:21; 80:21; 86:15, 25 emboli 43:3, 24; 82:14 embolism 85:3, 8 embolisms 85:18; 86:4 embolizing 45:10 embolus 65:24, 25;</p>	<p>85:13 emergency 13:15; 46:7; 47:20, 25; 48:7, 25; 49:6, 11, 22; 50:1, 14, 16, 21; 52:1, 9, 14; 53:1, 23; 54:18, 23; 57:7, 17; 58:22; 59:5; 60:11; 61:2; 62:13; 65:3, 12, 16; 66:13, 19; 67:13; 74:22 employee 70:6 employer 3:19, 21 encouraging 75:10 end 33:11; 87:16 endocarditis 12:21; 15:10; 27:3, 23; 40:9, 17, 24; 41:3, 5, 7, 16, 22; 42:2, 13, 16, 24; 43:1, 8, 12, 18; 44:1, 4, 12, 14, 22, 25; 45:5, 11; 65:17, 20; 66:1, 5, 10; 75:1, 5; 84:25; 85:9, 14, 19; 88:11 endocardium 40:10 enter 5:14 entertain 85:22 entire 19:9; 20:10, 22; 22:13; 27:1; 30:1; 31:3; 34:20; 35:1 entity 3:24 epigastric 53:12; 56:2; 62:4 epigastric-type 62:2 epigastrium 61:19 erythema 20:1 essential 32:6 evaluated 64:10 even 24:12; 43:4; 45:10; 64:22; 68:25; 82:15 evening 78:24; 79:23; 80:8; 81:11 everything's 90:10 evidence 43:4; 56:23; 66:9; 69:17 evolving 67:19 exact 68:5; 80:2 exactly 70:20 exam 24:17; 68:12; 71:5 EXAMINATION 3:17; 52:16, 20; 54:6 examine 68:3 examined 61:6 example 23:5 except 62:24 Excuse 38:22; 72:21 Exhibit 3:1, 14; 13:3; 90:24 expect 72:4 expectancy 88:13 expected 16:24 experience 19:21; 62:3, 25; 64:25; 77:1 experiences 89:17 expert 4:16; 9:13 explain 29:15; 36:14 explained 38:4; 78:14</p>	<p>explanation 37:21 exploring 24:16 expressed 76:17, 18; 79:10; 80:3 extension 27:15; 62:8, 11 extent 35:12; 36:19; 70:1; 78:20 extremity 85:16</p> <hr/> <p>F</p> <hr/> <p>fact 4:17; 24:2; 84:8 factor 16:5; 25:23; 41:4, 6; 42:20, 22, 23; 60:21, 23; 62:5 factors 25:13, 16; 30:2; 33:4; 42:21; 45:6; 60:3, 6, 12; 69:9; 74:3; 76:9 facts 86:10 failing 45:8 failure 43:23 fair 27:5, 13; 83:9; 90:22 family 61:7; 86:24; 87:10 farther 61:23; 78:4 favor 7:11, 14 febrile 63:4; 79:19 feel 5:9; 23:9; 36:15, 16; 56:23; 68:17; 79:16 feeling 20:7, 19, 19; 51:8, 16, 18; 79:10, 18 felt 58:16; 61:9; 63:1; 79:17 Fever 21:13; 28:4; 70:14 fevers 20:2; 43:2 few 13:5; 23:20 field 14:23 fifth 10:19 figured 78:2 file 14:18, 21 filed 6:3, 6, 7, 12; 7:19, 20, 25; 8:10, 15 filing 14:4, 11; 88:20 final 73:14, 18 find 23:10; 24:11; 31:1; 35:19, 22; 52:19, 21; 54:5, 25; 69:25; 78:19 finding 21:19, 25; 70:25 findings 54:20; 70:15 Fine 3:16; 82:5 fingers 89:19 finish 9:19; 72:22; 75:13 first 23:20; 35:6; 55:3; 83:20; 84:8; 87:3 five 4:12 flight 71:15; 75:15 flu 64:22 fluid 24:14 follow 20:13; 31:2; 53:13; 63:18 followed 83:5 following 34:4; 67:25</p>	<p>follows 3:3 Foreign 84:3, 4, 5, 9 form 40:3 forth 63:1; 86:7 found 53:24; 59:6; 65:24; 75:2; 82:7 four 6:2, 17; 10:19 free 5:9; 23:9 frequently 26:7, 10; 39:14; 40:14 Friday 65:23 full-blown 27:3; 63:3 fully 38:4; 81:9 functionally 45:9 furnish 11:18 further 90:5</p> <hr/> <p>G</p> <hr/> <p>G 3:2 gadget 27:8 gamut 17:6 gases 54:23; 55:1, 5, 10 gastritis 64:22; 69:2, 4 gastrointestinal 55:23; 56:17; 61:17; 63:2; 64:20 gave 56:7; 66:13 general 20:5, 11, 19; 50:18; 59:13 generalities 51:15 generally 51:18 Generally-speaking 46:25 generated 14:20 gets 23:1 GI 56:11; 57:1, 14; 58:7, 18 given 7:13; 9:16; 58:11, 15, 15, 16; 62:24; 63:16; 64:24; 89:18, 21 gives 23:1 giving 22:19; 23:6; 36:13 glucose 52:23; 53:9 goes 24:16; 28:22; 29:19; 30:4, 22 grade 20:8 gram 23:23, 24 great 19:12 greater 11:23; 32:10 groups 35:7 guess 11:12; 17:18; 32:2</p> <hr/> <p>H</p> <hr/> <p>half 11:14, 14; 71:20 hand 5:6 handwriting 53:2, 5, 18 Hang 3:10 happen 28:20 happened 67:20 happening 58:13</p>	<p>happy 5:1 hard 31:1; 73:25; 90:2 HARRIS 3:9, 16; 5:13; 27:10; 71:17; 75:11; 90:6, 8 harvesting 18:3 head 5:6; 11:1; 32:4; 54:14, 15 heal 44:25 healing 76:7 Health 3:22 hear 27:11; 33:10 heard 57:14 hearing 27:8 heart 24:15; 40:11; 43:23; 58:5; 60:14; 65:9; 85:1 Hello 33:16 help 24:14 helpful 24:19, 21, 25 hemorrhages 43:3 Herbert 3:19; 4:2; 9:6, 8; 14:6; 19:14; 40:20, 22; 45:16; 46:4; 47:18, 24; 48:8; 49:14, 23; 50:21, 23; 51:10; 52:17; 55:20; 57:22; 60:2, 10, 12, 14; 61:1; 65:3; 66:13, 18; 67:5, 24; 75:21; 76:13; 80:8, 20; 83:17, 21; 86:14; 88:10, 23; 89:5, 11, 13 Herbert's 64:2; 81:5; 84:1; 85:15; 86:24; 87:13; 88:5, 17 hesitate 31:20 high 28:6, 12, 13; 45:10; 85:8, 17; 86:3 history 51:11; 57:1; 58:17 hold 10:22; 46:1 holding 84:11 home 23:20; 25:21; 34:15, 18, 23; 35:3, 16; 36:3; 37:8, 20; 38:8; 39:2, 7; 68:18 hoped 77:9; 78:15 hoping 78:17 hospital 12:7; 16:21; 23:19; 48:4; 49:20, 20; 50:6; 56:4; 61:14; 67:9; 68:7; 69:5; 70:17, 18; 73:4; 76:14, 21; 86:15 hospitalization 13:16; 27:2; 34:22; 35:8; 36:4; 37:1, 7; 39:8; 65:4 hospitalizations 34:18 hospitalize 35:16 hospitalized 34:5; 37:19; 38:9; 48:16; 86:15; 88:25 hour 70:10; 71:20 hours 11:5; 73:23, 23 hurt 51:17 hygiene 25:18</p>
---	---	--	--	---

<p>I</p> <p>I&Ds 36:24 idea 11:13 identification 3:1 identified 33:24 ill 59:11 immediate 72:9 immediately 33:21; 72:7 immune 25:20; 33:4; 74:2 impact 84:6 implantations 52:4 implants 60:20 important 4:24; 67:19; 72:12, 14, 15 impression 56:14; 61:16; 64:19; 68:24 improving 79:16 incidence 26:4 incision 20:2, 24; 22:25; 55:23; 59:19, 21; 68:19, 24; 69:13; 71:1; 77:9; 82:21; 83:7 incisional 28:4 include 17:7; 36:24, 25, 25; 37:1, 2; 89:6 included 10:25; 58:22 increase 18:3; 25:13, 16; 26:4; 31:8; 41:2; 60:17 increased 26:14 increases 31:9 indeed 24:12 independent 45:15 index 28:6, 13, 17, 19; 43:2; 63:7, 11; 85:8 indicate 71:22, 24 indicated 84:2 Indicates 23:14; 24:20; 47:13; 53:23; 69:16; 82:6 indication 83:8 indications 45:13 individual 89:23 inexact 89:15 infected 43:5; 76:3 infecting 33:24 infection 9:21; 15:14, 18, 22, 24; 16:16; 18:9, 12, 19, 25; 19:25; 20:6; 21:19; 22:25; 23:24; 24:10, 11, 12, 23; 27:16; 32:11; 34:1; 40:4, 7, 10; 41:11, 13; 45:1; 52:22; 53:11; 55:25; 56:24; 57:8; 58:3, 23; 59:16; 63:8, 12; 69:15, 18, 19, 22, 23; 74:14, 15; 75:25; 76:2, 5; 78:18; 83:10, 17; 84:3, 5, 10 infections 12:15; 17:4, 5; 18:2; 25:18; 26:7, 13, 15; 34:14, 19; 60:17; 62:5 infectious 84:6 information 51:13; 53:6; 64:25; 66:19; 71:2, 3</p>	<p>initial 35:9; 36:4 initially 20:18; 35:5 initiate 31:9 initiation 42:16 injury 7:1 input 82:19 insignificant 17:6 instability 20:23; 21:18, 19, 22, 24; 22:4, 10; 27:1; 59:22; 70:23; 82:7; 83:6; 84:16 instance 72:20, 25 instances 16:13; 21:6; 22:22; 34:7, 16, 22 instructions 5:16; 66:12 instructs 5:15 insufficiency 43:24 Insulin 26:15 insulin-dependent 18:4 interested 82:3 internal 60:19, 22 interrupted 58:1 into 12:8; 26:19; 27:16; 29:11; 46:7; 76:13, 21; 82:19; 84:17 involved 42:21; 87:15, 19 involvement 31:5; 76:9 involves 40:14 involving 9:20 irreversible 87:23 irritants 56:7 irritating 61:21 ischemia 85:7, 13, 16, 21; 86:3 issue 63:2; 69:25 issues 9:20; 15:4 IV 37:1; 52:23; 53:9</p> <p>J</p> <p>Jeanne 64:9 Jeff 69:1; 71:3; 81:22 Jeffrey 70:2, 9 Jersey 9:1 job 11:22, 23 judgment 7:10; 61:12 June 12:2</p> <p>K</p> <p>keep 57:4; 61:10; 75:11 kept 14:21 kind 59:18; 68:11 knew 52:6; 69:23 knowing 62:19; 82:3 knowledge 25:6 known 18:2; 19:22 Krause 67:21</p>	<p>L</p> <p>lab 59:3, 8; 62:15 labs 59:12 lady 6:23; 71:23, 25 last 6:6, 7; 17:14; 18:17 late 21:19, 24; 22:1 later 6:24; 23:24 lawyer 13:12 lead 28:14; 69:10 leading 43:25 learn 88:16, 19 least 71:20; 75:14; 77:23; 78:23 leave 12:1; 90:19 left 12:3; 45:12; 47:15, 17; 85:16 legal 89:6 length 30:21; 31:8 less 16:18; 17:10; 18:7; 28:23; 29:7, 20; 44:21; 78:16; 79:9, 10, 19, 20 Leucocytosis 21:9 level 64:4; 86:3 license 9:9 licensed 8:25; 9:3 life 83:22; 88:13 life-threatening 43:20; 89:24 lifetime 40:18 lift 54:14, 15 likely 28:23; 29:7, 20; 30:4; 41:17; 42:3; 47:3; 48:17; 58:14, 18; 64:21; 66:2, 5; 75:4, 6; 80:23 limb 85:7, 13, 21; 86:3 line 6:1, 20; 10:19; 35:22; 36:8 listed 12:12, 23, 24 listen 39:5 listened 58:4, 4 literature 25:12; 31:21 little 78:3; 80:4 live 33:12 local 36:24 logical 34:24 long 23:15; 46:22 longer 28:22; 29:6, 19; 30:3; 32:9 look 10:17, 18; 51:25; 62:14; 77:11; 78:3; 79:20 looked 52:1; 55:23; 56:22; 58:2; 62:25; 63:2, 15; 77:2, 18 looking 18:25; 52:25; 55:5 loose 22:25; 23:1 loosening 22:18 lot 22:11, 24; 42:21; 78:1 low 20:8 lower 59:20; 69:13; 76:19; 78:10; 85:16</p>	<p>lungs 58:4</p> <p>M</p> <p>MD 3:2 main 56:1; 80:18 majority 11:17; 39:21 makes 42:17; 73:13 making 27:8; 71:12; 82:24 mammary 17:16; 18:3; 26:5; 60:23 mammary 17:12; 18:10; 19:5; 26:1, 3; 28:2; 52:4; 60:19 managed 34:23 management 34:25 managing 82:15; 83:1 manner 63:17 many 4:8; 5:23; 11:5; 17:14, 20; 46:17 marked 3:1; 13:3 material 71:1; 76:4, 18; 77:14; 79:9 matter 9:17; 12:15, 17, 20; 15:19 May 3:4; 5:13; 6:7; 20:12, 20, 22; 21:1; 36:23, 24, 25; 37:1, 2; 39:16; 42:20, 23; 43:13, 13; 60:17; 76:6, 8; 85:18; 86:3; 90:6 maybe 17:19; 64:21, 22; 81:23 mean 4:16; 7:5, 5; 34:8; 36:6; 40:6; 64:23; 83:1 meaning 18:24 Means 40:7 measures 78:16 Media 26:2 mediastinal 24:10; 25:2, 6; 83:16 mediastinitis 12:18; 15:9, 13, 17; 16:1, 5, 10, 12, 14, 16, 20; 17:7; 19:16; 20:4, 16, 21; 21:7, 20, 21, 25; 22:5, 9, 12, 16, 22; 23:4, 16, 17, 22; 24:3, 7, 9, 24; 25:4, 8, 14, 24; 26:2, 21; 27:15, 19; 28:6, 8, 14, 14, 22; 29:3, 7, 19; 30:1, 4, 22; 31:8, 16, 19, 23; 32:7, 10; 33:19; 34:3, 9, 11, 12, 17; 35:1, 6, 8, 15; 36:2, 17; 37:6, 12, 18; 38:5, 9; 39:15, 19, 20, 22; 41:1, 6, 11, 22; 44:9, 11; 57:8; 58:24; 59:1, 4, 6, 9, 17; 60:3, 7, 13, 15, 18; 62:1, 6, 7, 11; 63:3; 64:1; 65:4, 7, 11; 68:25; 69:9, 11, 14; 72:6, 11; 73:8; 75:4, 21; 76:1; 85:6; 88:11 mediastinum 15:14 medical 5:9, 19; 9:11; 13:11; 45:17</p>	<p>medical/legal 9:14 medically 27:3 medications 53:13; 56:5; 61:20 Medicine 89:15 meeting 88:6 member 45:24 members 87:10 Memorial 16:21; 86:15 mentioned 5:18; 21:17; 27:23; 56:11 methods 24:6 Might 17:10; 20:18; 80:4; 81:2, 22 Mikhail 45:23; 46:10, 21; 47:5, 9, 10, 11, 12, 14, 23; 48:2, 20; 80:17; 86:16 mild 34:13 minimal 20:23; 43:19 minute 3:10 minutes 75:13, 16, 19 misinterpreted 29:16 Miss 5:13; 71:17 mistake 41:24 misunderstanding 29:9 misunderstood 36:7; 57:6 mitral 6:24; 66:1; 73:22 Mm'mm 70:11 month 31:16; 90:20 months 13:5 morbidity 88:9 More 4:12; 11:14, 22, 22; 26:7, 10; 30:4; 41:17; 42:3; 63:2; 71:21; 77:2, 3; 78:2, 17; 84:11 morning 50:22; 51:23; 53:15; 61:12; 79:2, 6, 15 mortality 31:7, 14, 24; 88:9 most 14:24; 22:4, 10, 11; 33:20; 39:17; 40:14; 58:14, 18; 76:23; 80:23 motion 36:10 motions 5:7 mouth 29:11 movement 54:5 moving 54:8 much 54:13; 90:18 multi-factorial 22:23 multitude 59:15 murmur 43:10, 14, 16 must 38:3; 40:25</p> <p>N</p> <p>N 3:2 name 6:5, 12, 14; 7:16, 22, 23; 47:10 named 5:19, 24 nausea 51:17, 22; 56:3; 61:18; 62:4; 70:13</p>
--	--	--	--	---

nauseated 54:19 necessarily 16:4; 21:5; 29:1, 24; 61:13; 64:1; 84:21 necessary 83:3 need 23:7; 57:3; 90:19 needed 78:3; 82:25 needle 24:25; 25:3, 6, 12 negative 23:24 negligence 5:19; 6:15; 7:20; 8:3 neurologic 7:1 New 9:1; 40:3; 43:14, 16; 70:25 next 20:12, 14; 66:14, 25; 67:15, 16; 77:2 nidus 84:9 night 46:12; 47:1, 2; 51:22, 23 nods 5:6 nondiabetic 26:8 none 17:22, 23 noninsulin 26:18; 60:23 noninsulin-dependent 18:5; 60:16 nonspecific 20:9 nor 73:14 normal 55:1, 6; 65:22; 73:20 Notary 3:3 note 4:9, 13; 8:4, 8; 11:7; 11:15:1; 16:2, 6; 17:25; 18:13; 26:22; 28:16; 32:1; 37:22; 52:22; 53:23; 54:4, 14, 18, 24; 55:15; 56:13; 58:22; 60:5; 62:17; 65:8; 70:8, 10; 71:3, 10; 78:23; 79:1, 13; 82:3, 6; 83:11; 85:10, 25; 86:5; 87:14 noted 77:7; 84:16 notes 14:17, 20; 71:22; 79:11 notice 3:6 notified 49:1 number 12:11; 32:3 numbers 30:23 nurse's 71:22 nurses 49:11 nutrition 25:17	83:11; 84:20; 85:10, 25; 86:5; 87:14, 24; 88:7, 14 objective 43:4 observation 36:25; 71:12 observe 56:8, 8; 61:23; 69:9 observed 61:10; 77:5 obtained 71:4 Obviously 5:10; 86:6 occur 16:12; 21:3; 22:22; 26:2, 7, 10; 30:5, 24; 84:25 occurred 39:1; 83:6 occurs 16:11; 19:23; 23:19; 29:3 off 6:25; 32:3; 55:3; 78:1; 85:1 office 53:14, 15; 66:14; 67:25; 70:13, 19; 78:22 often 17:2 oftentimes 44:18 Ohio 3:5; 9:1, 3; 12:1, 4 old 52:8, 13 on-call 46:9 once 33:23; 39:6; 40:18; 84:16 one 3:10; 6:7, 9; 8:14, 14, 16; 10:18; 20:14; 21:10, 12; 23:5; 27:5, 13; 39:19; 40:19; 41:9; 42:22; 45:1; 49:11; 50:15; 83:22; 84:24; 85:14 One's 6:14 ones 7:20; 8:18 ongoing 8:5, 7, 9, 20 only 8:13, 18; 40:18; 46:10; 57:13; 75:16; 78:5, 12 onset 43:16 open 60:14; 76:15, 20; 77:9, 16, 17; 78:9, 12; 79:6; 84:13, 18 open-ended 90:19 opened 77:3; 78:5, 22; 80:1, 3; 81:11 opening 18:24; 19:11; 75:22; 79:22; 82:13, 20; 83:4 operated 6:24, 25 opinion 65:6, 10, 19; 74:20; 87:12, 17, 22; 88:1, 12 opposed 50:7; 69:18 order 62:19; 63:13, 20, 20; 72:1; 90:13 ordered 73:8 orders 71:23, 24; 73:1, 2, 9 organism 29:25; 31:4; 33:1, 24; 36:19; 42:7; 44:4, 4, 7, 10, 17; 74:2 organisms 23:23, 25 organs 40:3 osteomyelitis 23:2; 27:18	others 58:19 otherwise 5:2 out 47:14, 15; 68:23, 25, 25; 69:8, 11, 13, 21, 23, 25; 72:5; 73:7; 77:1; 78:19 outcome 73:14, 18 outcomes 28:18 outlined 67:11 outside 49:20 over 50:7; 63:23; 64:13; 67:18; 81:6; 90:10 overall 31:22 own 71:4	P p.m 90:25 Page 10:11, 17, 18; 49:6, 17; 57:3 paged 49:4; 50:2 pager 23:7 pages 50:14 pain 20:25; 28:4; 53:24; 54:2, 5, 8, 11, 13; 59:18, 20; 62:2, 4 part 67:6 participate 86:19 participated 15:8 particular 15:4; 61:15, 16; 81:2 parts 32:11 past 58:17 pathogens 33:20 patient 15:25; 18:9; 19:13; 24:17; 27:4; 28:2, 11; 33:3; 34:3, 4; 35:14; 39:7; 40:1, 15; 41:10; 42:7, 15; 44:2, 24; 45:4; 48:8, 23; 50:15; 55:7, 11; 57:18; 59:11; 62:7, 20; 63:10, 13, 16, 21; 66:22; 72:5, 11, 17; 73:1, 3, 7, 14, 14, 18, 24; 75:20; 76:11; 83:16, 23; 84:17; 85:5; 86:7, 13, 24; 87:6 patient's 23:16; 25:17; 58:16; 74:2 patients 17:3, 10; 18:7; 19:12, 15; 23:3; 26:7, 9; 28:9; 31:15, 25; 34:14, 16, 25; 35:7, 11, 15; 36:1; 37:5, 17; 38:7, 15, 24; 40:23; 44:6; 46:14; 50:9, 19; 76:24; 80:22; 84:12 Pause 23:12; 33:17; 77:24 Penny 6:14, 23 people 22:24; 46:11; 62:5; 89:19; 90:2 percent 16:18; 17:10; 52:24; 53:10 perfectly 22:13 perforated 64:22 period 26:11; 42:17; 46:23; 65:25	person 51:3; 68:9 personal 14:17, 18 personally 19:15 Ph 55:9 phone 23:11; 50:8; 86:16 phrased 31:11 physical 24:17; 52:16, 19; 68:12; 71:5 physician 49:11; 63:12 physician's 70:3; 82:2 physicians 14:12; 88:23 pick 58:14 place 15:25 places 80:21, 22, 25; 81:3 plaintiff 7:14 plaintiff's 6:5, 11; 7:9, 15, 23; 13:3 plan 53:12; 67:11 plans 67:14; 82:13 please 5:9; 11:18; 29:15; 32:20; 36:14; 56:16; 57:5, 14 Pleural 21:11 PO 55:9 point 5:8, 12; 34:25; 55:25; 58:15, 17; 59:17; 61:15; 63:1; 64:24; 65:2, 4, 9; 67:17; 68:7, 23; 69:12, 24; 79:16, 21; 80:1, 9, 10; 82:8, 16, 16, 25; 87:22 pointing 89:19 poked 58:6 poorly 20:8, 20; 51:16 populations 44:3 portion 17:8; 53:1, 4; 59:21; 69:13; 76:19; 78:5, 8, 10, 12; 80:24; 82:21 portions 13:13 position 10:21; 11:1, 6; 46:1 positive 23:23; 74:21 possibilities 58:12; 59:12; 64:6 possibility 29:23; 48:21; 58:11; 59:16 possible 22:12; 27:4; 28:18; 58:23; 59:1, 1; 62:3; 64:6; 65:15; 72:13, 17; 74:25 possibly 28:20; 56:5; 61:21, 22; 89:21 post-cardiac 15:12, 17, 17; 17:3; 19:16, 24; 20:4, 16; 22:5, 9, 21; 25:8; 26:21; 31:23; 32:7; 34:17; 35:7; 36:2; 37:12, 18; 38:8; 40:15; 44:5, 9 post-hospitalization 39:2 post-op 63:21 post-operative 9:20; 12:15; 25:21; 26:6; 27:15; 28:22; 34:19; 36:17 post-operatively 55:18	practice 9:9; 12:4; 14:24; 17:2, 11; 19:19; 22:8; 35:25; 37:5; 38:6; 46:16; 84:14 practicing 80:17 pre 39:2 preconceived 67:14 prefer 36:9, 11 preoperative 25:17 preparation 13:21; 14:1 presence 25:18, 19; 43:10 present 18:21; 22:4; 23:16, 23; 35:11; 36:18; 58:20; 84:22 presentation 19:10; 22:14; 24:4; 26:19; 29:2; 31:3; 33:3; 35:10; 36:18; 38:25; 57:2; 58:16, 17; 61:16; 62:24; 63:16; 64:24; 89:18 presentations 12:23 presented 36:22; 48:25; 50:16; 67:24 presenting 62:5 presents 22:2; 28:3 pretty 72:9 prevented 88:3 Previous 30:13; 32:22; 57:1 principles 75:24 prior 6:9; 19:14; 47:17, 20; 48:3, 6, 13; 68:12; 88:20 privileges 12:7 probable 58:23, 25 Probably 4:14; 13:5; 16:18; 17:9, 22; 71:20 probing 24:15 problem 11:19; 27:8; 54:14; 66:24 problems 28:10; 45:13; 51:9; 55:23; 56:11, 18; 57:14; 58:18; 66:3 procedure 25:20; 80:5, 7; 83:19 procedures 36:24 proceeding 9:10, 14 process 61:17; 64:20; 67:19; 78:19; 84:7 professional 3:24; 4:2; 45:23 program 11:2; 12:6 programs 10:25 progress 70:8 prolonged 27:1 promote 76:7 promptly 41:12 pronouncing 47:10 proper 13:18; 86:20 prophylactic 72:12 provide 3:24; 4:2 provided 3:12, 13; 12:10; 13:12; 66:20
---	--	---	---	---	---

O

o'clock 75:15
oath 4:24
objection 4:9, 13, 18;
5:14, 21; 6:1, 20; 11:7, 11;
15:1, 7; 16:2, 6, 25; 17:25;
18:13; 19:1, 7; 25:9; 26:22;
28:7, 16, 25; 29:22; 30:6,
15, 25; 31:10; 32:1, 13;
37:22; 39:23; 41:19, 25;
42:5; 55:15; 56:13, 20;
59:10; 60:5; 63:14; 65:8,
14; 72:8; 73:10; 74:24;

prudent 63:12, 18
publications 12:12, 14;
15:3
pulmonary 43:24
purpose 75:22; 84:10
purulent 71:1; 76:18;
77:14; 79:9
pus 68:23; 69:13, 24;
77:1; 78:3; 83:7
put 6:24; 72:12
putting 29:11; 89:20

Q

qualify 24:7
qualifying 83:20
question-and-answer
4:23
quite 48:17; 73:17

R

R 3:2, 2
raise 63:7
raised 85:17
range 17:9
rate 16:16, 20, 24; 31:14,
24
rather 78:12
read 18:15, 17; 30:13;
32:22, 24; 38:13; 45:17;
53:17; 69:1; 90:9
realize 16:12
really 25:10; 70:20
realm 58:11
reason 12:3; 17:23;
49:25; 62:18, 21; 68:14;
72:1; 73:2, 5; 76:20; 78:11;
79:5, 8; 86:11
reasonable 88:13
reasonably 54:10; 63:12
reasons 85:21
recall 6:5, 11, 16; 7:15,
19; 8:23; 45:20; 46:24;
48:9, 16, 18; 49:3, 9, 10,
12, 13, 18; 51:3, 5; 52:11;
54:7; 55:4; 66:22; 67:4;
68:11, 18, 20; 70:20, 22,
24, 24; 72:3; 73:15; 76:23;
81:18, 24; 82:4, 17, 18;
86:18; 87:1, 2, 4, 11;
88:18; 89:3
recalling 86:10
receive 10:7
received 49:6, 16
recent 62:20; 63:10; 85:5
recertified 10:13
recheck 66:25
Recognized 44:14
recollection 45:15
recommend 90:11
record 9:5; 51:25; 52:1;
53:1, 2

record's 63:19
recorded 53:6; 54:23;
5:2
records 5:9, 10; 13:12,
4, 18; 45:17; 77:22
red 79:20
redness 20:1; 79:10
reduce 76:4
refer 5:8, 11; 16:10; 42:8
deferred 13:20
referring 16:11; 19:4;
51:20; 79:12
regard 11:1; 25:23;
36:12; 41:21; 42:12;
44:19; 60:10; 66:18;
57:15; 81:5
regarding 82:9
regularly 19:19
relationship 30:21, 23
relevance 15:4
reliable 14:25
believe 61:22
remained 79:19
remaining 82:21
remember 45:19, 21;
51:7; 61:7; 67:6, 7; 68:5,
10, 13; 80:2; 81:1, 7;
32:11, 12
removal 76:3
remove 84:2, 5, 13, 18
removed 65:24; 83:18
renal 43:23
rendered 3:18; 4:1; 9:2;
39:5, 8, 11
repair 44:21
repeat 5:2; 18:14; 29:17;
30:11; 32:17, 19
rephrase 5:2; 30:17;
41:3; 66:3; 83:25
replace 45:7
replacement 44:20, 21;
45:4; 88:3
report 66:10
reporter 5:6; 18:18;
30:14; 32:23; 90:24
request 52:8
requested 52:12
require 34:17, 22; 35:8;
36:3
required 5:14; 37:7; 39:8;
45:4
requirements 90:17
reread 32:20
research 15:8
resolved 7:2, 6; 8:12, 20;
45:11
respond 76:11
response 29:2; 67:5
responsibilities 11:3,
24; 80:18
restate 30:10
resting 79:17
results 59:3, 8; 61:23

retains 90:24
retroperitoneal 62:8, 10
return 48:3
revascularization
18:10; 28:3; 52:5; 60:20
revascularizations
17:12
review 45:18; 77:22
reviewed 4:20; 13:9, 11,
14, 17; 14:1, 5, 8
revoked 12:8
rewire 78:16
rhetorical 35:18
right 27:12; 29:11; 33:6;
35:21; 66:16; 68:7; 78:25;
31:14; 90:9, 23
risk 15:25; 16:;; 18:11;
25:13, 16, 23; 26:14; 41:2,
16, 12; 45:10; 60:2, 6, 12,
15, 17, 23; 76:4
room 13:15; 46:7; 47:25;
48:7, 25; 49:6, 11, 22;
50:1, 14, 16, 21; 52:1, 9,
14; 53:1; 54:18, 23; 57:7,
17; 58:22; 59:5; 60:11;
51:2; 62:13; 65:3, 12, 16;
56:13, 19; 67:13; 74:22
rounds 48:19
routinely 50:15
rule 38:2; 50:18; 68:25,
25; 69:8, 11, 21, 23; 72:5;
73:7
Rules 3:5; 4:21
run 15:22; 17:5; 20:9, 22;
34:12, 19; 43:19
running 64:14
runs 22:2; 64:23

S

S 3:2, 2
Saltus 46:21; 47:4; 77:6;
80:10, 12, 14; 81:4, 12;
82:10, 15, 23; 83:14
Saltus's 82:6, 22
same 11:20; 19:7; 22:2;
31:10; 32:15, 16; 76:1
Saunders 3:13
saw 19:18; 48:12; 50:20,
24; 52:17; 54:1, 15; 55:3,
14; 57:6, 16; 59:4, 19, 23;
60:3; 61:1; 63:4; 65:2, 12,
16; 66:18; 67:13; 68:21;
78:22
saying 29:5, 9, 13; 36:16;
42:20; 57:25
scan 24:13
science 89:15
seeing 24:16; 80:19
seemed 54:9
send 90:13, 14
senior 46:2
sense 20:7
sensitivities 44:16

Sepsis 27:21; 40:6; 63:3
septic 43:24; 65:24; 85:2,
3
serious 55:24; 56:24
seriousness 30:23
service 3:6; 69:6
services 3:24; 4: 3
serving 84:10
session 4:23
set 5:10; 20:12; 23:13;
54:22; 74:4
setting 18:21
settled 7:8, 13; 8:21
settlement 7:10
seven 75:15
several 46:11; 76:10
severe 28:4; 34:13;
43:20; 53:23; 54:2, 8
severity 34:6
shift 46:12; 47:1, 2
show 66:3
showed 65:22; 74:6, 14
shows 43:5
side's 7:11
sign 21:2, 14
signature 90:12
significance 43:11
significant 43:15
signs 19:24; 20:3, 5, 15;
21:10, 12; 52:21; 55:24;
58:12; 59:2, 7; 62:9; 65:17;
76:25
similar 9:17
Simply 8:7; 28:19
sit 33:5; 45:16
site 40:3; 84:3, 4
situation 22:18; 70:21;
90:1
situations 22:25; 24:6;
33:5
six 90:20
slightly 31:11; 55:8;
79:10, 20
small 17:8
Smith 9:3
someone 16:14; 50:7;
51:1
Sometimes 24:13, 15;
35:12; 43:3; 62:1; 85:1
somewhat 23:23
soon 72:13, 17
sooner 41:15; 42:2
sorry 9:7; 10:20; 30:7;
31:1; 36:5; 39:9
sound 27:9
speak 49:5
speaking 31:22; 37:10;
50:7; 83:3; 88:24
specific 33:24; 34:1;
51:16; 59:6; 61:8; 89:3
specifically 21:23; 52:6;
55:20; 56:6; 57:13, 19, 22,
25; 60:11; 74:12; 76:22;

32:11, 12; 87:2, 4
specifics 49:3; 51:7;
56:21; 68:6; 80:2; 81:1, 7
spectrum 15:23; 19:9;
20:10, 23; 22:2, 14; 26:19;
27:1; 29:2; 31:3; 34:12, 20;
36:18; 38:20, 24; 42:9;
43:19; 44:23; 59:11; 64:5,
13; 74:1; 76:9
spend 11:5; 80:24
spent 11:16
splinter 43:3
spot 62:17
spread 18:12; 32:11
spreading 41:13; 76:5;
33:10
St 3:22, 23; 12:5
stable 22:13; 71:11
staff 10:23; 45:24; 80:16;
38:6
stage 36:20
stages 76:24
Staph 44:1, 3, 8; 74:7, 14,
18, 21; 75:2
start 72:16
started 33:21; 51:20;
52:24; 53:10; 68:18; 73:19
state 9:10, 10
statement 29:21
states 8:24
statistical 30:20
status 25:17; 42:7
sternal 15:18, 24; 17:3, 5;
18:2, 8, 19; 19:25; 21:17,
18, 22, 24; 22:4, 10; 27:1,
18; 52:22; 53:10, 11; 57:7;
59:22; 69:19; 70:22; 82:7;
33:6; 84:2, 13, 16, 18
sternum 20:24; 22:13,
15, 17; 23:2, 3; 24:13;
77:7; 78:17; 83:8; 84:11
still 5:14; 17:8; 23:19;
33:14, 15; 79:19; 82:9;
90:7
stomach 58:6
stop 77:19, 25
stopped 56:7
strokes 87:18
strongest 73:19
structures 24:10; 27:16
subject 9:10, 17; 12:15,
17, 20
subjects 12:25; 15:9
subsequent 87:18
subspecialty 10:4
substernal 69:23
successful 28:24; 29:8,
21; 41:18; 42:4, 39; 44:17;
76:12; 90:3
successfully 36:23;
88:12
suffered 89:14
suggested 61:20
suit 88:20

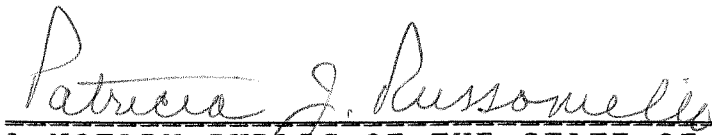
Summaries 13:15 superficial 15:23; 17:6; 69:21 suppose 15:19; 41:9 sure 4:20; 7:3; 20:13; 22:11; 24:1; 26:17, 23; 29:4, 12; 40:25; 42:10; 45:21; 47:9; 49:3; 60:24; 62:23; 75:17; 90:10 surgeon 6:25; 10:23; 80:16 surgeons 25:7, 11; 46:17 surgery 10:3, 5, 8; 12:6; 15:12, 15, 17, 18, 25; 16:12, 15, 17, 20; 17:3; 19:16, 22, 25; 20:4, 16; 22:5, 9, 21; 23:15, 21; 25:8, 15, 22; 26:13, 21; 28:3, 4; 31:15, 17, 23; 32:7; 34:4, 17; 35:7; 36:2; 37:18; 38:8; 40:15, 24; 41:2; 44:6, 9, 17, 19; 45:14; 46:13; 48:13, 16; 52:10; 60:14; 62:20; 63:11; 65:9; 82:20; 83:2; 84:12, 17, 22; 85:6; 88:3 surgical 25:20; 45:3 surrounding 56:25 suspected 33:19, 22 suspended 12:8 suspicion 28:6, 13, 13, 17, 19; 43:2; 63:8, 11; 72:10; 85:8, 17; 86:3 sworn 3:3 symptoms 20:11, 12, 16, 18, 20, 23; 51:19; 58:12; 59:2, 7; 62:9; 65:17; 76:25 System 3:22; 46:9; 74:2	though 28:12; 33:14; 42:22; 73:6; 82:15 thought 31:2; 63:17; 64:15, 21; 81:17; 82:1 Three 6:2, 17; 10:19; 17:9; 47:7 threw 65:23 time-wise 71:15 times 4:8; 5:23; 22:8; 76:10 tissue 22:20; 23:1, 1, 5 title 46:2 today 45:16; 79:18 together 71:6; 84:11; 89:25 told 49:13; 66:23; 67:5; 81:8; 82:25 took 46:15; 77:25; 81:6 top 32:3 TOSTI 3:4, 10, 17; 6:21; 9:7; 10:16, 20; 18:15; 23:13; 27:7, 12; 30:11; 32:20; 33:9, 14, 18; 36:9; 37:25; 71:16, 19; 75:7, 9, 17; 87:21; 90:4, 18, 21 totally 51:15 town 47:14, 15; 48:3 track 61:10 tract 57:1 trade-off 47:4 transcript 90:10 transfer 86:20; 88:2 transferred 87:5, 8 transthoracic 65:22 travel 85:2 treat 29:7; 58:19; 63:17; 65:1; 78:15 treated 18:11, 20, 23; 27:2; 31:15, 25; 34:14, 18; 36:23; 37:8, 19; 38:8, 24; 39:7; 41:12, 16; 42:3; 44:13, 15; 45:11; 88:11, 23 treating 19:11; 44:24 treatment 28:23; 29:8, 20; 31:9; 32:10; 34:5; 35:9; 36:4; 38:5; 39:1; 41:17; 42:4, 9, 13, 18; 61:24; 73:13; 76:11 treatments 29:3 trial 7:8, 12; 8:21 tried 58:6 true 29:24 try 89:20; 90:2 trying 11:21; 20:15; 50:5; 74:10; 78:18 twelve 73:23 two 8:13, 19; 10:19; 15:21; 17:9; 46:19; 73:23; 87:3 two-hour 73:12 type 16:11; 20:21; 27:14, 19; 28:21; 34:1; 36:10; 45:23; 75:21; 83:17, 21; 88:6	typewritten 54:24 typical 90:16 U U 3:2 ulcer 64:23 ultimately 37:2; 74:13 uncomfortable 36:5; 67:10 under 4:24; 10:18; 45:3; 46:5; 69:5; 78:3 understood 5:3 unfortunate 89:23; 90:1 universally 29:24 unless 5:15; 30:18 unstable 22:16, 18; 23:3; 77:8; 83:7 untreated 28:23; 29:20; 30:4, 22 unusual 19:20; 23:18 up 48:11; 54:14, 15; 75:13; 77:3 up-to-date 13:4 upon 18:21; 24:4; 29:25, 25; 30:1; 31:3, 4, 4; 33:1, 2, 2, 3, 4; 34:6; 35:10; 36:18, 21; 38:25, 25; 39:18; 42:6; 44:2, 15, 22; 50:17; 72:7; 74:1; 76:8; 83:13 urgency 84:17 Use 26:1, 3; 43:7 used 18:10; 24:6; 25:7; 28:2; 42:8; 44:18; 61:8 using 17:12 usual 16:24 usually 23:16, 19, 23; 33:21; 43:5; 83:18 utilized 25:2 V vague 35:20; 36:6 valve 6:24, 25; 43:6; 44:20, 21; 45:4, 7, 8, 10, 12; 65:22; 66:1; 73:22; 85:2; 88:2 valves 40:14 variable 30:2 variety 30:1; 33:5; 74:3; 85:12, 21 vast 11:17 vegetation 45:9; 73:22 vegetations 43:6; 85:1 vegetative 85:18; 86:4 verbally 5:5 verdict 7:9, 9; 8:22 virility 42:7; 74:1 visit 13:16; 47:20 vitae 3:14; 12:11, 13, 24; 13:2 vomiting 51:17, 22; 56:3;	51:18; 62:4; 70:14 W wait 35:12 waive 90:12, 16 waiver 3:6 warrants 19:13 watch 58:19; 63:18; 66:23; 67:19; 78:19 way 22:2; 23:6; 24:8, 11; 36:15, 22; 62:25; 65:1; 75:15; 86:19; 89:14 ways 36:23 weak 54:12 week 11:5; 80:25 weekend 46:6; 47:1, 3 weekends 47:5 weeks 23:21; 28:3; 90:20 Weiland 70:2, 9 Weiland's 71:3 well-advanced 21:20, 25 weren't 90:3 What's 58:10; 75:8, 22 whistling 27:9; 33:10 white 28:5; 53:11; 59:13; 62:12; 63:5, 23, 24; 64:3, 13, 17 whole 15:23; 29:1; 42:8; 47:1, 3; 64:23; 78:13 wires 22:19, 19; 83:18; 84:2, 13, 19 wish 5:8 withdraw 83:24 within 31:16; 55:13, 21; 56:12, 18; 57:8, 10, 15; 58:13; 68:20; 75:13 without 7:10; 21:21; 26:2; 31:20; 35:16; 51:15 witness 4:17, 17; 7:3; 10:12, 14; 23:10, 14; 24:20; 32:24; 38:13; 47:13; 69:3, 16; 74:8 words 29:11; 46:10; 61:8 worked 70:3; 90:2 working 46:9, 11; 80:20; 89:22 worse 79:21 wound 9:20; 15:18, 22, 24; 17:4, 5; 18:2, 8, 19, 24; 19:25; 24:11, 15, 16; 26:6, 12, 14; 34:14, 19; 37:2; 52:22; 53:10; 55:25; 56:22, 24; 57:7; 58:3, 23; 59:16; 60:17; 62:5, 25; 69:14, 18, 22; 75:23, 24; 76:2, 4, 15, 19, 21; 77:9, 11; 78:6, 8, 12, 13, 23; 79:6, 9, 19, 22; 80:1, 3; 81:11; 83:4; 84:13, 18 wounds 26:10; 58:2 written 62:15; 69:21, 23; 70:9; 73:1, 3 wrong 33:6; 81:18	wrote 52:22; 82:2 Y {ear 17:15 fears 8:1; 19:21
---	--	--	---	---

1
2
3 CERTIFICATE OF OFFICER
4
5

6 I, PATRICIA J. RUSSONIELLO, a Certified
7 Shorthand Reporter and a Notary Public of the State
8 of New Jersey, do hereby certify that prior to the
9 commencement of the examination the witness was duly
10 sworn by me.

11 I DO FURTHER CERTIFY that the foregoing
12 is a true and accurate transcript of the testimony as
13 taken stenographically by and before me at the date,
14 time and place aforementioned.

15 I DO FURTHER CERTIFY that I am neither a
16 relative nor employee, nor attorney or counsel to any
17 parties involved; that I am neither related to nor
18 employed by any such attorney or counsel, and that I
19 am not financially interested in the action.
20

21 
22

23 A NOTARY PUBLIC OF THE STATE OF NEW JERSEY
24 My Commission Expires:
April 20, 2000
C.S.R. License No. 517
25

