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STATE OF ILLINOIS )  
 ) ss:  
COUNTY OF C O O K )

Doc. 432

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
COUNTY DEPARTMENT, LAW DIVISION

DONNA KEIKEN, )  
 ) Plaintiff, )  
 v. ) No. 93 L 4970  
THOMAS VASDEKAS, M.D.; and )  
WILLIAM REVETHIS, M.D.; )  
 ) Defendants. )

The deposition of PATRICK J. SULLIVAN,  
M.D., called by the Plaintiff, for examination,  
pursuant to notice, and pursuant to the provisions of  
the Code of Civil Procedure of the State of Illinois,  
and the Rules of the Supreme Court thereof, pertaining  
to the taking of depositions for the purpose of  
discovery, taken before GLORIA M. SCHUELKE, C.S.R.,  
R.P.R., a Notary Public within and for the County of  
Du Page and State of Illinois, at One South Wacker  
Drive, Suite 2500, Chicago, Illinois 60606-4673, on  
the 10th day of April, A. D., 1997, commencing at 2:23  
p.m.

"The Record Never Forgets"

PRESENT

LAW OFFICES OF ROBERT F. LISCO, P.C.,  
20 North Clark Street,  
Suite 2450,  
Chicago, Illinois 60602,  
By: Mr. Robert F. Lisco,  
appeared on behalf of the Plaintiff;

HASKELL & PERRIN,  
200 West Adams Street,  
Suite 2600,  
Chicago, Illinois 60606,  
By: Ms. Mary Jo Greene,  
appeared on behalf of the Defendant,  
Thomas Vasdekas, M.D.;

PRETZEL & STOUFFER, CHARTERED,  
One South Wacker Drive,  
Suite 2500,  
Chicago, Illinois 60606-4673,  
By: Mr. Patrick F. Lustig,  
appeared on behalf of the Defendant,  
William D. Revethis, M.D.

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## EXHIBITS

NUMBER :	FOR IDENTIFICATION
Plaintiff's Exhibit No. 1 (Curriculum Vitae)	4
Plaintiff's Exhibit No. 2 (Dr. Revethis' Answers to Plf's 213)	4
Plaintiff's Group Exhibit No. 3 A-K (Correspondence from Mr. Lustig to Dr. Sullivan)	4
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1 (Whereupon said documents were  
2 duly marked.)

3 PATRICK J. SULLIVAN, M.D.,  
4 having been first duly sworn, deposeth, and saith as  
5 follows:

6 E X A M I N A T I O N

7 MR. LISCO: Would you please, tell us your  
8 name, sir.

9 THE WITNESS: Patrick Sullivan.

10 MR. LISCO: Okay. And, Doctor Sullivan, my  
11 name is Robert Lisco, L-I-S-C-O; and I represent  
12 Mrs. Keiken; and this young lady over here is  
13 Mary Jo Greene; and she represents  
14 Doctor Vasdekas. So you know who the players are  
15 at this table.

16 I am going to ask you a series of  
17 questions about your opinions and your  
18 background, sir, among other things; and I would  
19 like to have you, if you can, to answer my  
20 questions as simply and as directly as you can;  
21 and we will get through with this as  
22 expeditiously as possible.

23 Okay. You are a physician, are you  
24 not, sir?

1 THE WITNESS: Yes, I am.

2 MR. LISCO: Okay. Let the record show that  
3 the following is the discovery deposition of  
4 Doctor Patrick Sullivan, taken pursuant to  
5 notice, and continued from time to time to this  
6 date and time by agreement.

7 Let the record further reflect that  
8 said deposition is being taken for the purpose of  
9 discovery only -- it is not intended to be used  
10 as original evidence at the hearing of this  
11 cause -- pursuant to the applicable provisions of  
12 the Code of Civil Procedure of the State of  
13 Illinois, the Rules of the Supreme Court of the  
14 State of Illinois promulgated thereunder, and the  
15 Local Rules of the Circuit Court of Cook County.

16 BY MR. LISCO:

17 Q Doctor Sullivan, have you given a discovery  
18 or evidence deposition before, sir?

19 BY THE WITNESS:

20 A Yes, I have.

21 Q So you are familiar with our procedure  
22 then, are you not?

23 A Yes.

24 Q Okay. If I ask any question that seems

1 stupid or ambiguous, you tell me; and I will try to  
2 make it an intelligent question if possible.

3 A Okay.

4 Q I have in front of me, sir, what purports  
5 to being your CV, consisting of one page.

6 Is that your CV, sir?

7 A Yes, it is.

8 Q Okay. And according to your CV, you are  
9 basically, an internal medicine physician, is that  
10 correct, sir?

11 A Correct.

12 Q Okay. And you are certified in the field  
13 of internal medicine by the American Board of Internal  
14 Medicine, is that right, sir?

15 A Yes, I am.

16 Q Okay. Do you have any other specialties  
17 besides, quote, internal medicine?

18 A No, I don't.

19 Q What is the date of your birth, Doctor?

20 A 12-24-37.

21 Q Okay. And your Social Security number  
22 which should be on your CV when you revise it, if you  
23 ever do.

24 A Social Security number is 326-32-4923.

1 Q Okay. Doctor, have you ever been called  
2 upon in your professional career, to give a deposition  
3 after reviewing a case in a medical negligence  
4 setting?

5 A Yes, I have.

6 Q Okay. And for how long a period of time  
7 have you been called upon to review such cases, sir?

8 A Quite awhile. I actually started reviewing  
9 insurance company cases, medical claims, around 1968;  
10 and I think I started doing medical malpractice cases  
11 around '71 and thereabouts.

12 So, ever since then, I have reviewed  
13 cases and give depositions.

14 Q Have you reviewed cases both on behalf of  
15 the patient as well as on behalf of hospitals and  
16 doctors?

17 A Yes, I have.

18 Q If you had to quantify percentage in your  
19 professional career since 1971 to date, what  
20 percentage would be on behalf of patients, and what  
21 percentage on behalf of doctors and/or physicians --  
22 and/or hospitals, rather?

23 A It worked out at one time, about 25 percent  
24 for plaintiffs, patients, whatever, and about 75

1 percent for the defense. I suspect it's probably,  
2 close to that.

3 Q Okay. Has it increased on one side or the  
4 other in the last few years, Doctor?

5 A I -- I really haven't figured it ou . I --  
6 it's probably pretty much the same.

7 Q Okay. What percentage of your income is  
8 derived for either reviewing medical negligence cases  
9 or testifying in connection with medical negligence  
10 cases?

11 A I can't tell you. I don't have any numbers  
12 on that. I can tell you what percentage of my time is  
13 spent.

14 Q I would be more interested in knowing, if I  
15 could, if it's 5 percent, or 25 percent of your inco  
16 is derived from this?

17 A I honestly couldn't tell you. I just don't  
18 figure that out.

19 Q How many depositions have you given in your  
20 professional career, sir?

21 A I don't know.

22 Q Do you have any estimate?

23 A I am sure it's over 100 or more.

24 Q Could it be as much as 300?



1           A       Oh, I kind of doubt that. I -- I don't  
2 know. That seems like a lot.

3           Q       Do you keep records on the number of times  
4 that you are deposed in connection with a medical  
5 negligence case?

6           A       No.

7           Q       After you have given testimony on a medical  
8 negligence case, do you destroy your billings?

9           A       After the case is settled, everything goes  
10 in the garbage.

11          Q       Okay. In other words, after you are paid,  
12 as far as you are concerned, you throw out the data,  
13 is that fair?

14          A       There's no reason to keep it, yeah.

15          Q       The answer to the question is, you throw  
16 out the data?

17          A       Yes, I do.

18          Q       Okay. So you would have no way of telling  
19 us the number of cases that you have testified in,  
20 since 1971?

21          A       I sort of keep a running total in my mind  
22 of how many cases I have testified in. In  
23 malpractice, it's about -- about 20 or 21 for  
24 plaintiffs and about the same for defendants. I have

1       testified in a few other cases, too, as a trustee

2       or --

3       Q     Yes, we will get to that in a moment

4       4     -- whatever.

5       Q     But I am limiting it now to medical  
6       negligence cases

7       A     It's about -- probably 20, 21 or so for  
8       both it's about even.

9       Q     So roughly, 40 to 42 cases in your career?

10             I have gone to Court

11  
12       Q     Okay and you are unable to tell me with  
13       any degree of accuracy, what number about 100 you have  
14       given depositions?

15       A     I honestly have no idea.

16       Q     Have you testified in 1997, in any case  
17       yet?

18       MR LUSTIG: In court?

19       MR LISCO: In court, yes, sir.

20       BY THE WITNESS:

21       A     Yeah, I -- I can't remember for sure. It  
22       may have been January, or it may have been December.  
23       I did testify in one case

24

1 BY MR. LISCO:

2 Q Okay.

3 A It was for a defendant. That's the only  
4 one I can think of.

5 Q How many cases if you can recall, since  
6 your memory is such that you have no records, had you  
7 reviewed in 1995, the year before last?

8 A I don't know.

9 Q Have you prepared answers or been involved  
10 in the preparation of answers that we call 213  
11 interrogatories, sir?

12 A No, not directly. I am sure they were  
13 prepared after discussing the case with me, but I  
14 didn't write them.

15 Q I understand, but did you have some input  
16 into the substance in those interrogatory answers?

17 A Yes.

18 Q Okay. How many 213's have you reviewed,  
19 say during the year 1997, which is approximately, a  
20 little less three and a half months old?

21 A How many 213's?

22 Not very many, actually. I --

23 Q More --

24 A I probably -- I don't know, four or five,

1 maybe, three, four. I honestly don't know.

2 Q Well, having given at least your **estimate**  
3 of 100 discovery depositions, was this question about  
4 how many prior depositions you have been engaged in,  
5 ever asked of you in any of the former depositions?

6 A Sure. It's always asked in every dep.

7 Q Understanding that and knowing that, you  
8 did not attempt to sort of keep some sort of a record  
9 so somebody would have an accurate representation of  
10 how often you were deposed?

11 A I quit making lists when I got busy.

12 Q So the answer to my question is, you did  
13 not think it was necessary to make a record?

14 A No, it's a lot of work for me.

15 MR. LISCO: I move to strike the last  
16 portion, Doctor. I don't want to get into a  
17 match here or anything; but I would like you just  
18 to answer my questions and not volunteer  
19 anything, if possible, sir.

20 THE WITNESS: Glad to.

21 MR. LUSTIG: I think he was answering your  
22 question. If you don't like the answer, that  
23 doesn't mean that it's not responsive.

24 MR. LISCO: I love answers, as long as they

1           are directly to my question. I don't care what  
2           they say.

3           MR. LUSTIG: Then we will have no problem.

4 BY MR. LISCO:

5           Q       Do you recall if you have been retained as  
6           an expert witness in another case that is going to be  
7           tried sometime this year, involving my office?

8 BY THE WITNESS:

9           A       I don't know what your office is.

10          Q       My name is Lisco. I just told you.

11          A       I don't recall.

12          Q       Okay.

13          A       I mean, that's the name of your law firm?

14          Q       Yes, sir, the Law Firm of Robert F. Lisco.

15          A       Because I know in these, you were with a  
16       different law firm.

17          Q       I was of Counsel with a larger firm.

18       That's --

19          A       No, I am not aware of any other case --

20          Q       Okay.

21          A       -- involving your firm.

22          Q       Do you know an attorney named Rotunno,

23       R-O-T-U-N-N-O?

24          A       Yeah, I do,

1 Q Has he retained you in any cases in your  
2 professional career as an expert witness?

3 A Yeah, he has retained me on a case. I am  
4 trying to remember what it is.

5 Q Okay. Has he retained you more than once?

6 A I don't think so, no.

7 Q Okay.

8 A Not that I recall.

9 Q Now, Pretzel & Stouffer, the firm that's  
10 involved in representing Doctor Revethis, have you  
11 ever been retained by that firm or any members of that  
12 firm, in any case before this one?

13 A I have.

14 Q How many, sir, if you know?

15 A I can't tell you exactly.

16 Q Give me your best estimate, sir.

17 A I know I testified for Miss Reiter in a  
18 case about, I don't know, a year -- year or so ago;  
19 and I know that prior to that, I have had -- I have  
20 reviewed cases from time to time, but I really  
21 couldn't tell you.

22 Over the years, it's -- I don't know,  
23 10, 15 cases, maybe. I just -- it's purely a guess.

24 Q Okay. And you already indicated to me

1       there is no way of verifying it, because the records  
2       have been destroyed after the case has been completed?

3           A       Yeah, from my end. Maybe Pretzel could  
4       tell you.

5           Q       Okay. Do you have any special expertise in  
6       the field of general surgery, sir?

7           A       No special expertise. I have experience in  
8       surgery.

9           Q       Is that the experience that you may have  
10      derived while you were in a rotating internship?

11          A       No, that was derived when I was an  
12      obstetrics and gynecology resident at Cook County.

13          Q       Okay. Do you have any certification in the  
14      area of surgery, sir?

15          A       No, I don't.

16          Q       Do you have any specialization or  
17      certification in the field of infectious disease?

18          A       No.

19          Q       Now I am going to show you what has been  
20      labeled as Plaintiff's Group Exhibit 3-A through 3-L,  
21      which is purportedly --

22          A       Thank you.

23          Q       -- supposedly, rather, the correspondence  
24      between you and the office of Pretzel & Stouffer; and

1 most particularly, Attorney Pat Lustig. Do you  
2 recognize that as such, sir?

3 A Yes, I do.

4 Q Okay. Do you have the original of those  
5 documents that you have received?

6 A Yes, I do.

7 Q Okay. Okay. You may take them back, sir.

8 Is that the totality of all of the  
9 memoranda or correspondence that you had between  
10 yourself and Mr. Lustig, in connection with this case?

11 A It's all I have. Yeah, I don't have any  
12 more.

13 Now how about all of the documents that are  
14 referred to in the letter of September 20, 1996, that  
15 allegedly were forwarded to you, and enumerated 1  
16 through 16?

17 A Yes.

18 Do you have those documents?

19 I do have those. Many of them I had to  
20 leave at the office, because they were too heavy to  
21 carry. I also have some that were in the first  
22 letter, also.

23 Q Okay.

24 A But those are all the records that he sent



1 me. I didn't have any other records.

2 Q Did you review the deposition of  
3 Doctor Bass?

4 A Yes, I did.

5 Q Okay. And when was Doctor Bass' deposition  
6 sent to you?

7 A Oh, I don't know. That's been a while ago.  
8 I will tell you here, it was sent October 14th, 1996.

9 Q Just a few months ago, right, sir?

10 A Yeah -- yes.

11 Q Okay. Do you know Doctor Bass, sir?

12 A No, I don't.

13 Q Do you know either of the two defendants in  
14 this case, Revethis or Vasdekas?

15 A No, I don't.

16 Q How did it come about this time, that  
17 your -- you were inquired about whether or not you  
18 would act as a reviewer of a file and then become an  
19 expert witness, do you know?

20 A I have -- I really don't.

21 Q You will note in Exhibit No. 3-A, which is  
22 the first page of the packet that I just gave you,  
23 there's a letter from Mr. Lustig, dated June 25, 1993,  
24 which is the initial contact that you had in a written

1 form from him?

2 A Yes.

3 Q Okay. And you will note the first sentence  
4 of the last paragraph is -- states that a written  
5 report is not necessary at this time.

6 Do you see that, sir?

7 A Yes.

8 Q Okay. At any time since that time to this  
9 time, have you ever submitted a written report?

10 A Never.

11 Q Has a written report ever been requested by  
12 Mr. Lustig or anybody on his behalf?

13 A Never.

14 Q Is it your procedure when you review cases,  
15 to submit a written report?

16 A No, I -- I virtually never do that. Nobody  
17 ever wants one.

18 Q So your opinions over your signature, are  
19 never documented in any way, as far as medical  
20 negligence cases are concerned, is that a fair  
21 statement?

22 A Over my signature, that's true, they  
23 aren't.

24 Q Okay. Are you called upon to review

1 records for other physicians, other than in medical  
2 negligence cases?

3 A On behalf of other physicians, a couple of  
4 times for physicians who have been in trouble with the  
5 Registration Department because of prescribing  
6 practices and things; but I mean, that's maybe two or  
7 three in total.

8 Q Have you been called in consultation in a  
9 medical setting, sir, where you submitted any written  
10 reports of what your findings were?

11 A A couple of times, where a patient's  
12 medical condition was at issue, and not necessarily a  
13 malpractice, I have.

14 And from time to time, plaintiffs'  
15 attorneys will ask for some type of a written report,  
16 because they have to give something to the client, to  
17 tell them why we are not going ahead with this.

18 Q Uh-huh.

19 A But that's about it.

20 Q So if requested, you would certainly  
21 prepare a written report, is that true?

22 A Yes, I would.

23 Q How many hours -- strike that.

24 How do you bill Pretzel & Stouffer for

1 your time, sir?

2 A I bill them by -- I keep track of how much  
3 time I am spending reviewing deps or whatever, and  
4 charge them by the hour.

5 Q Do you submit some sort of a written  
6 statement?

7 A Yes.

8 Q Where --

9 A I just keep track of the time on my watch.  
10 Like our dep started twenty-four minutes ago, and I  
11 just keep track of it, and then when I am -- you know,  
12 when we finish whatever we are finishing, I send them  
13 a bill.

14 Q Okay. Now you have been on this case since  
15 1993. Have you billed them for your time?

16 A I am sure I have billed him. I have no  
17 idea how much. I imagine it's probably something  
18 on -- I am sure it's probably over 12 or 14 hours.

19 Q Well now this case is still pending, is it  
20 not?

21 A Yes.

22 Q There's no reason to destroy the documents  
23 that are supporting this case, is there?

24 A There isn't; but actually, the billing is

1 usually done by my wife; and she keeps it in a file at  
2 home. So I don't -- you know, I don't like to get  
3 into that.

4 Q In any event, is there a billing statement  
5 at home, sir?

6 A I am sure there is.

7 Q But you didn't bring it with you here  
8 today?

9 A No, I didn't bring it with.

10 Q You were requested not to?

11 A No, usually the attorney has all that  
12 stuff. They have copies of my bills. I mean, I -- I  
13 can't remember ever bringing my own bills.

14 Q You didn't think I would ask you how many  
15 hours you had, and the only way you would know is to  
16 look at a bill?

17 A Almost always, the attorney who presents me  
18 for a dep, will have a copy of all the bills.

19 Q Did you ever send to Mr. Lustig, a copy of  
20 what your billing charges would be?

21 A I -- I doubt it. I probably told him on  
22 the phone.

23 Q Okay. What are your charges for reviewing  
24 a file, sir?

1           A       I charge \$225.00 an hour for reviewing and  
2       discussing files.

3           Q       How about for a discovery deposition, such  
4       as this?

5           A       Such as this, I charge 350 an hour, and the  
6       same for time in court locally.

7           Q       And for instance, today, did you spend some  
8       time preparing for the deposition before we started  
9       twenty some minutes ago?

10          A       I spent a little bit of time this morning  
11       going over a few things, but most of the preparation I  
12       did last weekend.

13          Q       Okay. And is that part of the 12 to 14  
14       hours that you say that you have devoted thus far to  
15       this case?

16          A       No, no, that was prior to getting ready for  
17       the dep. I probably have put in at least, 7 or 8  
18       hours going through this. I couldn't tell you  
19       exactly, but it hasn't been billed yet.

20          Q       I understand. So you told us that you had  
21       12 to 14 initially, to the best of your recollection?

22          A       Uh-huh.

23          Q       And would you estimate that you put in  
24       another 7 hours, approximately?

1 A At least 7 or 8, yes.

2 Q Okay. So round it off and say 8 hours,  
3 with 14, that's approximately 22 hours to date?

4 A That's probably about right.

5 Q Okay. And that 22 hours, is that at the  
6 rate of 225, sir? 4950

7 A Yes.

8 Q Okay. Now I am going to show you what we  
9 have marked, and you probably have in front of you,  
10 the 213 answers to interrogatories, sir. Would you  
11 take a look at them, please.

12 A Thank you.

13 Q And specifically, I would like to have you  
14 look at the answer to interrogatory No. 2, which  
15 appears on page three of the answers, sir.

16 MS. GREENE: Is that Exhibit 2, Bob?

17 MR. LISCO: I believe it's -- Exhibit 2 is  
18 correct.

19 MS. GREENE: Thanks.

20 MR. LISCO: Yes.

21 THE WITNESS: I have --

22 MR. LUSTIG: I think, for the record,  
23 actually the Doctor got the first set of 213's  
24 and hasn't seen the amended ones; but the amended

1           ones don't change his opinions. They just  
2           identify additional treaters who I thought might  
3           testify.

4           MR. LISCO: I understand.

5 BY MR. LISCO:

6           Q       Just look at the ones that are there,  
7           Doctor, and take a quick cursory look at the  
8           interrogatories.

9 BY THE WITNESS:

10          A       Page three?

11          MR. LUSTIG: Yes.

12 BY MR. LISCO:

13          Q       Starting with, I believe, 2 (b) portions of  
14          it is your testimony?

15 BY THE WITNESS:

16          A       Yes.

17          Q       Or your opinions, is that right?

18          A       Yes.

19          Q       Okay. Now prior to the preparation of  
20          these answers, did you go over with Mr. Lustig your  
21          opinions over the telephone, or in person, or both?

22          A       Probably, both. I think at sometime we had  
23          a meeting.

24          Q       And the answers that are recorded in the



1 213, Exhibit No. 2, is that the totality of your  
2 opinions as far as you are concerned in this case?

3 A Certainly, as to Doctor Revethis, sure,  
4 which I was requested to do.

5 Q Have you been requested to review any other  
6 documents to augment or supplement your opinion?

7 A In addition to what I have already  
8 reviewed, no.

9 Q And would you say these are your opinions  
10 as far as you can recall at this time, sir?

11 A Yes.

12 Q Okay. Now in your review, you reviewed the  
13 hospital records that precipitated the care and  
14 treatment of this patient, isn't that true?

15 A Yes, I did.

16 Q Okay. And in review of the records, did  
17 you note that she went to the emergency department on  
18 or about the 18th of January of 1992?

19 A Yes.

20 Q Okay. And in your review of the record of  
21 a Doctor Wilson -- and you can refer, Doctor, if you  
22 wish, to the hospital records.

23 A The emergency room doctor?

24 Q Yes, sir. Take your time, so you will be

1       sure to get the right page that I am on.

2           A       Okay. You are talking about the emergency  
3       room?

4           MS. GREENE: I think it's the other one.

5           MR. LISCO: Find it for him, Pat, will you,  
6       please?

7           MR. LUSTIG: This is the first. That's the  
8       second one.

9       BY THE WITNESS:

10          A       You are talking about January 18?

11       BY MR. LISCO:

12          Q       Yes, sir.

13          A       January, I --

14          Q       I thought I said that, did I not?

15          MS. GREENE: Yes.

16       BY THE WITNESS:

17          A       You want the emergency room?

18       BY MR. LISCO:

19          Q       Yes.

20          A       Okay. Emergency department, okay. I have  
21       the emergency room sheet. I have a thing by  
22       Doctor Wilson that I cannot read.

23          MR. LISCO: Okay.

24          MS. GREENE: Bob's got the only good copy.

1 MR. LUSTIG: This one is virtually  
2 illegible.

3 MR. LISCO: Why don't you do this, why  
4 don't you make a photocopy of this, Pat. I  
5 haven't written on it, so we can be on the same  
6 page.

7 (Whereupon a discussion was  
8 held off the record.)

9 MR. LISCO: Doctor, let's mark that so  
10 we'll have it for identification, as Exhibit  
11 No. 4.

12 (Whereupon said document was  
13 duly marked.)

14 BY MR. LISCO:

15 Q And do you recognize that document as being  
16 the emergency department physician's assessment of  
17 this patient who came in on or around the 18th of  
18 January of 1992?

19 BY THE WITNESS:

20 A Yes.

21 Q Okay. And according to this notation on  
22 the history, there was trouble in the left calf and  
23 the ankle area. She was initially struck in this area  
24 about a month ago; and about two weeks ago she noticed

1       that it was really not improving; and she saw her  
2       family doctor, is that correct, sir?

3           A       Correct.

4           Q       And is it your understanding from reviewing  
5       the records in question, that her family doctor would  
6       have been Doctor Revethis?

7           A       Yes.

8           Q       Okay. And she was placed on a PCE  
9       antibiotic; and evidently, there was no response; and  
10      there was some minor -- some moderate, rather, pain  
11      and swelling, is that correct?

12          A       That's what that says.

13          Q       Okay. Do you have any reason to doubt the  
14      accuracy of the history that was taken by this  
15      physician --

16          A       Well --

17          Q       -- at the emergency department at Palms  
18      Community Hospital, sir?

19          A       -- no, no, only it's -- actually, I think  
20      she was placed on PCE for a sinus infection which she  
21      came in to see Doctor Revethis for.

22          Q       Okay.

23          A       In any case, she didn't do better, I think  
24      that's true.

1 Q Okay. And the evidence is recorded by this  
2 emergency department physician in the history, is this  
3 past Monday, meaning before the 18th, she had a  
4 venogram for deep-venous thrombosis?

5 A Yes.

6 Q And it was negative, is that correct?

7 A Yes.

8 Q Okay. And that she was placed on an  
9 antibiotic which is Cipro, is that correct, sir?

10 A Correct.

11 Q Okay. So the condition as described by the  
12 physician in the history, appears to be a relatively  
13 minor condition of ill-being on this patient's left  
14 calf, isn't that a reasonable assessment, sir?

15 A Generally, yes.

16 Q Now thereafter, she was hospitalized under  
17 Doctor Revethis' care, isn't that true?

18 A Yes.

19 Q And her chief complaint in his admission  
20 history, which is also part of the record -- I hope  
21 you can find that. That's legible, too,

22 A That one is.

23 Q That should be legible. Do you see it,  
24 Doctor?

1           A       Patient history?

2           Q       Yes, sir, it's called the admission history  
3       1-18-92, do you find it?

4           A       I have it, yes.

5           Q       I won't have to mark these for  
6       identification, because we have gone over these  
7       records many times; and I want to be sure you and I  
8       are on the same page.

9                       He indicated that the chief complaint  
10       was a left pain of uncertain etiology at the time this  
11       admission history was taken by Doctor Revethis, is  
12       that true?

13          A       Yes.

14          Q       Okay. And did he then start her on any  
15       type of anti-inflammatory drugs, according to his  
16       note?

17          A       Yeah, he says that she was pre -- at the  
18       time he saw her on the office, that she was prescribed  
19       a non-steroidal anti-inflammatory drug.

20          Q       And you recall in the history, Doctor, that  
21       she was severely allergic to penicillin, so that  
22       particular product was never used with this patient,  
23       to the best of your knowledge, isn't that true?

24          A       That's true.

1 Q Okay. And the history that the patient  
2 gave to Doctor Revethis on that date is -- according  
3 to the patient -- approximately, one month ago, while  
4 vacationing in Florida, she struck the inner aspect of  
5 her distal, lower extremity on the step of a bus, is  
6 that right, sir?

7 A Yes.

8 Q Now how long had Doctor Revethis been  
9 seeing the patient, before the 18th of January, 1992,  
10 according to his records, if you recall?

11 A You mean, in his office?

12 Q Yes.

13 A I believe a couple of years.

14 Q Okay. So he had been her, quote, family  
15 physician for --

16 A Yes.

17 Q -- several years before this occasion?

18 A I think since 1990, if I am not mistaken.

19 Q Right.

20 A Here, yeah, June 15th, 1990, was his first  
21 visit.

22 Q And in your review of those records of  
23 Doctor Revethis, was there any reference at all that  
24 this patient had ever injured that left calf area

1 prior to the time that she described in her history,  
2 when she was vacationing in Florida?

3 A I don't recall that.

4 Q Okay.

5 A I don't think so.

6 Q Now what was the admitting diagnosis of  
7 Doctor Revethis, when the patient was admitted to the  
8 hospital on or about the 18th day of January of 1992?

9 A Well the admitting impression was just, he  
10 didn't really have a diagnosis. He had an impression  
11 of left, lower leg pain following injury. Compatible  
12 with deep, soft-tissue contusion, possible early  
13 cellulitis, possible superficial phlebitis.

14 Q Okay. Did he quantify the area in  
15 question, as to how large this area that she was  
16 complaining of, was in inches or centimeters?

17 A Well the only thing he -- oh, yeah, he --  
18 no, he -- the only thing he mentioned was the one  
19 quarter inch, small, denuded area, that was over an  
20 area of some redness.

21 I believe that Doctor Wilson, though,  
22 had measured it a little bit. Let's see, erythematous  
23 area about the size of my hand. So the hand is about  
24 6 centimeters across.



In the center of that, there's a patch; and that's the one that Doctor Revethis described as being about a quarter of an inch, I think.

Q I believe there's reference here, about the size of a dime?

A Yes.

Q Does that sound right to you, sir?

A Yes.

Q Okay. No, Doctor Revethis is the admitting doctor on this patient, isn't that true?

A Yes.

Q You as an internal medicine physician, understand that if you admit the patient, you are primarily responsible for that patient's care and treatment, isn't that true, sir?

A Well, not -- not strictly speaking. It depends what their problem is. If it's a non-internal medicine problem, then I am not. Then my -- then my -- my role becomes more administerial to be sure that the paperwork gets done; and that if the patient has any internal medicine problems, that I take care of those.

But no, just because somebody is the

admitting physician, doesn't automatically make them  
2 totally in charge of everything that goes on.

3 Q Well, who brings in the consults?

4 A The attending.

5 Q And if the attending doesn't particularly  
6 like a particular consult, can he not bring in  
7 somebody else?

8 A Sure, he can bring in anybody he wants.

9 Q Okay. So the one who makes the decision  
10 who is brought in, in consultation, is the attending,  
11 is that right, sir?

12 A As far as consultations go, that's true.

13 Q All right. Is it your testimony, then,  
14 that the admitting physician on a particular case,  
15 does not have the overall responsibility for the care  
16 and treatment of the patient, is that your testimony?

17 A Well, it -- it depends on what level you  
18 are talking about. If you are talking about getting  
19 consults and initial treatments and so on, sure, he  
20 does have that.

21 Q Okay.

22 A But it depends on the problem that the  
23 patient has, who will ultimately have the  
24 responsibility.

1           Q       Well, there's such a thing as a shared  
2       responsibility between the attending physician and a  
3       particular consult that's brought in, isn't that true?

4           A       Well, there may be, depending on what type  
5       of thing is being done. Under some circumstances, the  
6       attending would absolutely have no business meddling  
7       in something that's being done with the patient,  
8       because he doesn't know anything about it.

9           Q       Okay. In this particular case, do you know  
10      in reviewing the records, whether or not  
11      Doctor Revethis was consulted by any of his consults  
12      before any course of treatment or care was done, as  
13      far as this patient was concerned?

14          A       I -- my understanding is that they were --  
15      you know, there were discussions between  
16      Doctor Revethis and the consultants, surgical and  
17      infectious disease.

18          Q       The basic two consults that were brought in  
19      by Revethis would have been Doctor Vasdekas, the  
20      surgeon?

21          A       Yes.

22          Q       And I believe one or two infectious disease  
23      specialists?

24          A       Well, one was consulted; but his partner

1 did the initial consult.

2 Q Right, I think Doctor Ramakrishna was  
3 consulted, but I believe a Doctor Stachowski --

4 A Stachowski.

5 Q I will get it for you in a minute, Doctor,  
6 so we will have it.

7 Doctor Stachowski,  
8 S-T-A-C-H-O-W-S-K-I, is the one who actually did the  
9 consult on the 20th of January of '92, is that right,  
10 sir?

11 A Yes. Yes, it is.

12 Q Okay. And his impression, now, Doctor  
13 Stachowski, on that date, was that the patient has  
14 cellulitis of the left, lower leg. I don't anticipate  
15 it being anything more exotic than that; and he refers  
16 to the possibility it might for a staph or strep-type  
17 infection, is that right, sir?

18 A Yes.

19 Q Okay.

20 A Yes.

21 A relatively minor condition in your  
22 opinion, isn't that true --

23 A Yes.

24 Q -- as far as Doctor Stachowski's evaluation

1 was concerned?

A Yes.

3 Q Now thereafter, Doctor Vasdekas elected to  
4 do a debridement of the left, lower extremity, is that  
5 true?

6 A Yes, he did.

7 Q And I believe that debridement was done on  
8 or about the 24th of January of 1992, is that correct,  
9 sir?

10 A I think that's true.

11 Q Okay. You will find his operative report  
12 as part of the record and dictated on that date, and  
13 dated. So your answer is yes, that's so, sir?

14 A I think that's -- yes, I think that's the  
15 date, the 24th.

16 Q I am sorry, I stepped on your answer. Did  
17 you finish, Doctor?

18 A Yes.

19 Q Okay. His -- speaking of  
20 Doctor Vasdekas -- preoperative diagnosis was an  
infected hematoma of the left, lower extremity, rule  
22 out fasciitis, is that right?

23 A Yes.

24 Q Okay. And a postoperative diagnosis was a

1 fat necrosis of the left, lower extremity, is that  
2 true?

3 A Yes.

4 Q Okay. So in your review of the record  
5 postoperatively, he found no evidence of an infected  
6 hematoma, after the debridement, isn't that true?

7 A Yes.

8 Q Okay. In your review of his operative  
9 record, he indicated he made an incision over the skin  
10 over the affected area which is approximately, 10 by  
11 10 centimeters, is that right, sir?

12 A Wait a minute, I will have to get that. I  
13 am not looking at the operative note, here.

14 MR. LUSTIG: Here's the report.

15 BY THE WITNESS:

16 A Oh, there it is, yeah.

17 BY MR. LISCO:

18 Q I am reading now, from the second  
19 paragraph, operative findings, do you follow it, sir?

20 A Yes, yes.

21 Q Okay. And 10 by 10 centimeters is,  
22 approximately, two and a half by two and a half  
23 inches, or thereabouts, how many?

24 A It's about four.

1 Q Four?

2 A It's 2.2 centimeters per inch.

3 Q Okay. So would you say 4 by 4?

4 A Four inches by four inches, yes.

5 Q Now originally, the area we already alluded  
6 to was the size of a dime, or a quarter inch was  
7 referred to; but he did a debridement of  
8 approximately, four inches around the area in  
9 question, isn't that true?

10 A Well, yeah; but it was not just a dime  
11 size. It was hand size, which is about ten  
12 centimeters.

13 Q No, no, I am talking about the incision  
14 that he did --

15 A Right.

16 Q -- covered an area approximately, 4 by 4  
17 inches?

18 A Correct.

19 Q Okay. When the initial diagnosis -- when  
20 the patient came in and saw Doctor Wilson in the  
21 emergency room, I believe we already referred to the  
22 fact that that area around the place in question was,  
23 approximately, the size of a dime, remember that?

24 A Well, wait a minute, no; but he says

1       there's an erythematous area in the medial distal  
2       calf, the size of my hand. That's about 10  
3       centimeters.

4           Q       Okay. But the area that was depicted in  
5       the report, I believe, said the size of a dime, did it  
6       not?

7           A       I think there was -- that size of a dime  
8       area that, I believe, he was referring to, was one  
9       area that was standing out --

10          Q       Right.

11          A       -- in some way, looked a little different  
12       than the rest of the area. Everything else was real  
13       red.

14          Q       All right. Doctor, would you read what he  
15       wrote, again, so we get it on the record, speaking of  
16       Wilson, on the 18th, just about a week before the  
17       surgery, as to a description of the area that was  
18       involved.

19          A       Sure. Yes, I will. Extremities, the  
20       distal half of the calf in the lower extremity seems  
21       swollen and minimally warm. There is an erythematous  
22       area to the medial distal calf, about the size of my  
23       hand.

24                   In the center of that, there is a



patch. These areas are not particularly tender.

There is no weeping involved. There is no raised, tender, or hot skin margin.

Q Okay. Now up above in the first paragraph of that, would you read what he wrote relative -- starting with the words -- let's see where -- she was placed on Cipro. Do you see where I am referring to, sir?

A Yes. Which she has been on since then, and the erythematous area has enlarged, and has a central patch to the medial left distal calf, which has grown slightly larger, and now is about the size of a dime.

Q Okay. And that term, Doctor, I have 'difficulty pronouncing, erythematous, what does that mean, sir?

A Which one?

Q Erythematous, E-R-Y-T-H-E-M-A-T-O-U-S.

A Erythematous.

Q Is that it, erythematous?

A It's a Greek word that means red.

Q Red?

A So that erythematous is the area that he describes the size of his hand.

Q Right.

1           A       The dime-size thing is that little central'  
2 patch, which he just describes as a central patch.

3           Q       Okay. Let's get back now again, to the  
4 operative report of Doctor Vasdekas, on the 24th of  
5 January of 1992.

6                       Was an area that was debrided,  
7 biopsied by the hospital after the surgical procedure,  
8 sir?

9           A       He did do a biopsy of the fascia, because  
10 there was some concern that there might be an  
11 infection of the fascia.

12          Q       Okay. And was there any infection?

13          A       It turned out there was not.

14          Q       Okay. Did they do any type of a culture?

15          A       I believe they did.

16          Q       And is it not true, that the culture  
17 revealed that there was no infection?

18          A       Yes.

19          Q       Okay. So for all intents and purposes,  
20 other than the fact that we have an area approximately  
21 4 by 4, that was debrided, this lady did not have any  
22 infection in her leg, after the surgery of  
23 January 24th, 1992?

24          A       That is true, she did not, and certain

1           A       The dime-size thing is that 1  
2 patch, which he just describes as a centra

3           Q       Okay. Let's get back now again,  
4 operative report of Doctor Vasdekas, on the 2 . of  
5 January of 1992.

6                   Was an area that was debrided,  
7 biopsied by the hospital after the surgical procedure,  
8 sir?

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there was some concern that there might be an  
11 infection of the fascia.

          Q       Okay. And was there any infection?

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16          Q       And is it not true, that the culture  
17 revealed that there was no infection?

18          A       Yes.

19          Q       Okay. So for all intents and purposes,  
20 other than the fact that we have an area approximately  
21 4 by 4, that was debrided, this lady did not have any  
22 infection in her leg, after the surgery of  
23 January 24th, 1992?

24          A       That is true, she did not, and certainly

1 MR. LUSTIG: No, no, you won't. You will  
2 let him finish before you go to the next  
3 question. I know you have a tendency to be  
4 quick, but let the Doctor finish his answer.

5 MR. LISCO: Am I quick?

6 MR. LUSTIG: Poor Wendy Marshall was like,  
7 cut off every time.

8 MR. LISCO: My question to you, sir, is --

9 MR. LUSTIG: Let him finish.

10 MR. LISCO: Finish your answer, and I will  
11 be sure we get it.

12 BY THE WITNESS:

13 A Whether Doctor Revethis specifically got  
14 into talking about the dressing, I -- I don't recall  
15 that he said anything about that.

16 BY MR. LISCO:

17 Q Okay. So my question then is, as far as  
18 your review of the records, both his deposition and  
19 the hospital records, you find no reference in any of  
20 those that Doctor Revethis personally talked with  
21 Mrs. Keiken about the care and maintenance of the  
22 particular area in question when she was about to  
23 leave the hospital?

24 A I don't recall any.

1           Q       Okay. And the only reference in the  
2 hospital that the care and treatment of this open  
3 wound was discussed, was by a nurse, is that true?

4           MS. GREENE: Objection to foundation.

5 BY THE WITNESS:

6           A       That's not true.

7 BY MR. LISCO:

8           Q       Who discussed with the patient, as far as  
9 the hospital records are concerned, the care and  
10 treatment of this particular open wound, before she  
11 left the hospital?

12          A       The appropriate person, the surgeon.

13          Q       Who?

14          A       Doctor Vasdekas.

15          Q       Okay. Anyone else?

16          A       And a nurse, apparently, or a couple of  
17 nurses. At least one nurse who has copious notes  
18 about this dressing business.

19          Q       Did Doctor Revethis, as the attending  
20 physician, direct that a nurse come to Mrs. Keiken's  
21 home to supervise the maintenance of the sterile area  
22 of the debrided areas?

23          A       No.

24          Q       Okay. Do you recall that this patient had

1       been on an I.V. antibiotic during her hospitalization?

2           A       Yes.

3           Q       What was the name of the product that she  
4       was being given as an antibiotic I.V.?

5           A       Clindamycin.

6           Q       Cleocin is the trade name, sir?

7           A       Yes, it is.

8           Q       When the patient left the hospital, was she  
9       given any directions relative to continue with Cleocin  
10      orally at home?

11          A       No, she wasn't.

12          Q       Okay. Do you recall reading over her  
13      deposition, speaking of Mrs. Keiken, where she  
14      specifically asked Doctor -- I believe -- Revethis and  
15      possibly, Doctor Vasdekas, why she wasn't being given  
16      any antibiotic to use; and I believe as I recall from  
17      her deposition -- if I find it here -- Doctor Vasdekas  
18      said, you are a healthy woman; and there's no reason  
19      for an antibiotic. Do you remember that?

20          A       I recall that, yes.

21          Q       Okay. Is it your professional opinion,  
22      therefore, that by not prescribing an antibiotic, that  
23      there was no deviation from the standard of care?

24          A       It is, yes.

1 Q That's your opinion, sir?

2 A Yes, it is.

3 Q You know that there was no skin graft done  
4 at the time this patient left the hospital?

5 A Yes, I do.

6 Q Okay. Have you ever personally been  
7 involved in doing an STSG, a split thickness skin  
8 graft, sir?

9 A No, I haven't.

10 Q The fact that this lady was heavy or obese,  
11 if you want to use that terminology, does that in any  
12 way possibly magnify the possibility of infection in  
13 an open area such as was debrided?

14 A I -- I -- I don't know. There's a general  
15 feeling that people who are obese are more likely to  
16 do worse in every area surgically.

17 Q Okay.

18 Whether she personally was at greater risk  
19 or not of infection, I -- it's hard to say that. She  
20 wasn't old.

21 Okay. I understand, sir.

22 So I just don't know an answer to that.

23 But in general, as you indicated in the  
24 early part of your answer, it is generally accepted

1       that people who are obese, are more susceptible than  
2       people who are not?

3           A       They seem to have -- more susceptible to  
4       just problems in general.

5           Q       Okay. And certainly, Doctor Revethis being  
6       her family physician since 1990, knew of her obesity,  
7       did he not?

8           A       Yes.

9           Q       Okay. Now, Doctor, what is a fat necrosis,  
10      as far as your opinion is concerned?

11          A       What is a fat necrosis?

12          Q       Yes, sir.

13          A       A fat necrosis is a situation where the fat  
14      has been traumatized in a way that has, you know,  
15      compromised its blood supply; and without a blood  
16      supply, it becomes necrotic, basically. It sort of  
17      turns into oil, blood.

18          Q       And did Mrs. Keiken have a fat necrosis  
19      before the surgery of the 24th, if you know?

20          A       Yes.

21          Q       And had that necrotic tissue been then  
22      debrided or cut away by Vasdekas, to the best of your  
23      knowledge?

24          A       It was basically, just opened up.



1 Q Yes.

2 A The product stuff was liquid.

3 Q But it was removed, to the best of your  
4 knowledge, because you already told us that she was  
5 asymptomatic for infection, as best you can recall?

6 A She was -- I mean, the -- the necrotic  
7 material was removed at surgery. Whether she actually  
8 had an infection or not -- preoperatively, they  
9 thought she did. Postop., they wouldn't know until  
10 the cultures came back.

11 Q Okay. You already told us as far as you  
12 know, that there was no infection postop.?

13 A I think that is what ultimately resulted.  
14 That's true. There was no infection there.

15 Q Now when Doctor Revethis discharged the  
16 patient, she was discharged to go home and was to  
17 contact him in the event there was anything adverse  
18 that she noticed about this open wound, is that right?

19 A Yes.

20 Q Okay. What is the first contact, according  
21 to his office records, that they had -- speaking of  
22 the patient and Doctor Revethis -- postop. and post  
23 hospital?

24 In other words, after the 28th of

1 January?

2 A She -- she came into the office -- well,  
3 first contact after that was on the 30th. Apparently,  
4 there was a phone call --

5 Q Okay.

6 A -- saying that she had a rash. This is  
7 January 30th and --

8 Q Would you read what his note said, Doctor,  
9 in the office records -- speaking of the notes of  
10 Doctor Revethis, on the 30th of January of 1992.

11 A This was written by Miss Ziarco; but it's  
12 TC, telephone call, from patient, states she had an  
13 allergic rash. Per Doctor W. Revethis, discontinue  
14 the iron tablets and take Benadryl PO. Patient will  
15 follow-up on Tuesday with Doctor Revethis and  
16 Doctor Vasdekas.

17 Q Okay.

18 A Signed K. Ziarco.

19 Q Okay. And the next time that -- well,  
20 let's go back for a minute.

21 Did Doctor Revethis see the patient on  
22 the 29th of January, according to his records?

23 A The 29th?

24 Q Yes, sir.

1 A There's nothing here on the 29th.

2 Q Well, she was discharged on the 28th?

3 A Correct.

4 Q The first contact would have been on the  
5 30th that you just referred to?

6 A Correct.

7 Q Okay. And then the first visit that the  
8 patient would make with Doctor Revethis would have  
9 been on the 31st of January, is that true?

10 A Yes.

11 Q Okay. And would you read what  
12 Doctor Revethis wrote in the office records, relative  
13 to his observations of the patient on the 31st of  
14 January, 1992.

15 A Yes. He wrote, patient with pruritic,  
16 P-R-U-R-I-T-I-C, rash -- wait a minute, pruritic ras..  
17 Two words I can't make out. Started on iron  
18 Fero-Sulfate for mild iron deficiency anemia. No  
19 complaint of a respiratory problems.

20 And the assessment is allergic  
21 reaction to Fero-Sulfate, discontinue Fero-Sulfate,  
22 Benadryl 25 t.i.d., Atarax 25 t.i.d. for three to five  
23 days; and then, a couple of words I can't make out  
24 here.

Q Was there any indication that there was a possible infection on the 31st of January, according to his office records?

A He didn't address that.

Q Okay. Do you recall the deposition of the patient, Mrs. Keiken, on the 31st of January?

A I reread it. What part are you referring to?

Q I beg your pardon, in her deposition, did she call and complain about drainage coming from the open wound?

A I do remember she said that in her deposition.

Q Okay.

A Although, that's not reflected in the message.

Q My question -- excuse me, sir, did you finish, Doctor?

A Yes.

Q My question to you is, was there any kind of a culture taken by Doctor Revethis or Doctor Vasdekas, on the 31st of January, 1992?

A I don't believe there was.

Q Doctor, are you familiar with the bacterial

1 infection known as pseudomonas?

2 A Yes.

3 Q What type of antibiotic is affected, if you  
4 know, in treating pseudomonas?

5 A Well, it depends on the particular  
6 organism, where you got it from and so on. Some will  
7 be resistant to things. Some will not be resistant.

8 Generally, the Gentamycin class is the  
9 class that is good for that. Cipro is good for that.

10 Q Well --

11 A Those are your main -- I mean, there are  
12 several others that are used from time to time; but  
13 Gentamycin and the aminoglycoside group usually work.

14 Q Post hospital from the 28th on, when is the  
15 first time that an antibiotic had been prescribed for  
16 Mrs. Keiken, by either Vasdekas or Revethis?

17 A I believe it's when she came in on the  
18 31st. Doctor Vasdekas gave her some Vibramycin and  
19 Flagyl.

20 Q Okay. Did he give her the Cleocin that we  
21 earlier had referred to, that she had been on an I.V.  
22 before she went out of the hospital?

23 A No, he didn't give her that.

24 Q Okay. Did Doctor Revethis describe on the

1 31st visit, the size of the open wound in his office  
2 records?

3 A No, he didn't.

4 Q Okay. Do you know of anywhere in any  
5 record, either Vasdekas or Revethis, that the size of  
6 the wound is described in the records, to the best of  
7 your recollection?

8 A Well, in Doctor Vasdekas' note on the 31st,  
9 there is reference to some area of the tenderness that  
10 looks like it's 3.5 centimeters --

11 Q Okay.

12 A -- in the area of this wound, but that's --  
13 I don't know of any specific description of the size.

14 Q Did you know that Vasdekas and Revethis  
15 office in the same building, practically right next to  
16 one another?

17 A I believe Doctor Revethis said he rents  
18 some space, yeah.

19 Q Right. Doctor, you read over Doctor Bass'  
20 deposition, did you not?

21 A Yes, I did.

22 Q And do you recall reading in his  
23 deposition, that he thought it was a deviation from  
24 the standard of care, not to do a culture on this

1 patient's leg, in light of her complaints on the 31st  
2 day of January, 1992?

3 A I saw that.

4 Q And do you disagree with that opinion, sir?

5 A I do.

6 Q What is your definition of standard of  
7 care, Doctor Sullivan?

8 A What a reasonable doctor would do under  
9 similar circumstances.

10 Q A reasonably, well-qualified physician  
11 would do under the same or similar circumstances, does  
12 that seem reasonable to you?

13 A Yes.

14 Q Okay. Do you know if that type of standard  
15 of care is recorded in any documents that you might  
16 read, or is that what a doctor who is specialized in a  
17 particular area, what his opinion of standard of care  
18 is?

19 A Well, I think that's basically, a legal --

20 Q I understand that, sir; but I am asking now  
21 from your point of view?

22 A I mean, I don't know of any particular  
23 place where there is a list of things that encompass  
24 the standard of care or that fall within the standard

1 of care. That's just something we learn from -- you  
2 know, a great many sources.

3 Q Okay. From your experience, basically, is  
4 that right?

5 A Well, experience, reading, talking to  
6 people, seeing what happens to people.

7 Q Okay.

8 A Sure.

9 Q Now if a culture had in fact been done and  
10 an appropriate I.V. had been instituted immediately,  
11 would it have had any effect about possibly, reducing  
12 the amount of infection in this patient?

13 MR. LUSTIG: Before you answer, I want to  
14 interpose an objection. If a culture was done,  
15 are you assuming that it would have found  
16 something, an infection?

17 MR. LISCO: Yes.

18 MR. LUSTIG: Well, you better include all  
19 those variables in the question.

20 BY MR. LISCO:

21 Q Assuming a culture was done, and it would  
22 be found that perhaps pseudomonas was infecting the  
23 open wound, would immediate antibiotics have helped?  
24



1 BY THE WITNESS:

2 A Well, you are mixing up -- first of all, a  
3 culture is not going to tell you anything for 48  
4 hours.

5 Q Okay.

6 A Would an immediate I.V. have helped?

7 If they started her on Clindamycin,  
8 no, it wouldn't have made any difference at all. If  
9 they started her on something else, it might have.

10 Q Okay. Well even in the hospital, when you  
11 do a culture, it does take from 24 to 48 hours, does  
12 it not, Doctor?

13 A Yes, it does.

14 Q If you do a culture when she's admitted to  
15 the hospital, you don't know what you are dealing with  
16 until two days later?

17 A That's why you start a pure antibiotic,  
18 waiting for your culture report.

19 Q All right. And the reason it takes 48  
20 hours is, you have to give the culture time in order  
21 to grow, so you can make an intelligent evaluation by  
22 an infectious disease specialist or pathologist?

23 A Or microbiologist. That's right.

24 Q Yes. Okay. Do you further recall reading

1 in Doctor Bass' deposition, that he thought  
2 Doctor Revethis deviated from the standard of care,  
3 because no antibiotics were given to Mrs. Keiken when  
4 she was released from the hospital on the 28th of  
5 January of 1992, because of her high risk of  
6 infection, due to her obesity?

A I remember that.

8 Q Did you disagree with that?

9 A Yes, I do.

10 Q Pardon?

A Yes, I do.

Q Okay. So you don't think it was a  
deviation not to give her antibiotics even because of  
her high risk of infection, due to her obesity?

15 A That's correct.

16 Q Okay.

17 MS. GREENE: I just want to interpose a  
18 somewhat late objection.

19 MR. LISCO: It's too late, I am sorry.

20 MS. GREENE: The question is improper, only  
insofar as it presumes a fact contrary to the  
22 witness' prior testimony with respect to high  
23 risk and obesity.

24 MR. LISCO: Okay.

1 BY MR. LISCO:

2 Q And I believe you already told us -- but I  
3 want to be sure, so I have all of your opinions -- it  
4 was the opinion of Doctor Bass, that it was the  
5 responsibility of the attending physician to be sure  
6 that the sterility of the wound was maintained by the  
7 patient, is that true?

8 BY THE WITNESS:

9 A He did say that.

10 Q Do you disagree with that, sir?

11 A Yes, I do.

12 Q Okay. Well who has that responsibility, if  
13 not the attending, sir?

14 A The patient [sic] who made the surgical  
wound on her leg, the surgeon.

16 Q The surgeon?

17 A The surgeon, sure. Internists don't know  
18 anything about surgery.

19 Q And the attending, in your opinion,  
20 therefore, has no such responsibility?

21 A He doesn't, no.

22 Q Okay. That's your opinion, sir, we  
23 understand that?

24 A Yes, it is.

1           Q       Okay. Doctor, have you seen any  
2 photographs of the patient at any time during her  
3 course of treatment with Doctor Revethis?

4           A       Mr. Lustig showed me a couple of pictures  
5 just today. I had never seen them before.

6           MR. LISCO: Okay. By the way, here's for  
7 you, Gloria.

8 BY MR. LISCO:

9           Q       Let's get back, Doctor, to your 213  
10 answers, so I will be sure they are properly recorded.

11                   It is your opinion generally, as you  
12 have answered the -- or as you were involved in the  
13 answering of the 213's, that Doctor Revethis met the  
14 standard of care in the outpatient and inpatient  
15 treatment he rendered to the plaintiff; and that none  
16 of his treatment caused or contributed to any of the  
17 patient's alleged injuries.

18                   Is that still your testimony, sir?

19 BY THE WITNESS:

20           A       Yes.

21           Q       Okay. Now is there any area specifically,  
22 that you feel that Doctor Revethis did deviate from  
23 the standard of care in the care and treatment of this  
24 patient?

1           A       I do not believe that he deviated in any  
2     area.

3           Q       Okay. And are you familiar with the fact  
4     that this patient has a tremendous hole in her leg  
5     after many, many surgeries in attempting to maintain  
6     the integrity of that leg; and you indicated you have  
7     seen photographs.

8                         Would you expect such a condition to  
9     have arisen from a slight bump on the leg, Doctor, in  
10    your experience as an internal medicine specialist?

11           MS. GREENE: Objection.

12           MR. LUSTIG: Object to the form of the  
13    question.

14           MS. GREENE: Form, foundation.

15           MR. LISCO: Go ahead, sir, you may answer,  
16    sir.

17           MR. LUSTIG: And your description of  
18    tremendous hole.

19           MR. LISCO: Okay.

20    BY THE WITNESS:

21           A       As -- as an internist, my -- my familiarity  
22    or experience with such things, and their surgical --  
23    you know, the surgical aspects of this is basically,  
24    non-existent. So I -- I don't know.

BY MR. LISCO:

Q So, you can't give an answer?

A I can't give an answer.

Q Would you expect from such a minor condition that you earlier alluded to, that the patient would lose half of the tissue of her lower leg as a result of multiple surgeries.

MR. LUSTIG: Again, I object to the form and the foundation.

MR. LISCO: Go ahead.

MR. LUSTIG: And where you are coming up with half of the tissue of her lower leg, I don't know; but it must be from another case; but over my objection, you may answer.

MR. LISCO: Go ahead.

MS. GREENE: I join.

BY THE WITNESS:

A Again, I really can't give you an opinion on that.

BY MR. LISCO:

Q Okay. Do you have any knowledge of the approximate size of the hole in her leg at this time, sir?

A From deposition testimony by people I

1 believe, one number I remember is like 11 by 11  
2 centimeters, which would be about four and a half  
3 inches or so.

4                   Somebody else had said 17 centimeters  
5 in one diameter -- in one measurement. So it's, you  
6 know, somewhere in that general vicinity.

7           Q        Doctor, are there any documents, other than  
8 those that you have referred to in the 213  
9 interrogatories, that you have reviewed in formulating  
10 your opinions in this case?

11           A        You mean, other than what he sent me?

12           Q        Yes, sir.

13           A        No.

14           Q        Is there any medical text that you went to,  
15 that you thought would substantiate your opinion as to  
16 the antibiotics, or the issue of the attending  
17 physician maintaining responsibility for the sterility  
18 of the wound; or the question of whether or not a  
19 culture should or should not have been done on the  
20 January 31st date, is there any medical text that you  
21 referred to, to substantiate your position?

22           A        No.

23           Q        So it's based upon your experiences as an  
24 internist, is that a reasonable statement?

1           A       Yes.

2           Q       Okay. Doctor, when was it the first time as  
3 far as your review of the record, that the  
4 foul-smelling drainage was noted by either  
5 Doctor Vasdekas or Doctor Revethis?

6           A       I think that's when she went back to the ER  
7 for her second admission, a couple of days after the  
8 office visit, when her pain got -- that that's when  
9 she had the drainage.

10          Q       Would that be on 2-2-92, to the best of  
11 your knowledge?

12          A       Yes.

13          Q       Okay. And I believe that's when the I.V.  
14 was started. Does that sound right to you?

15          A       Yes.

16          Q       For the antibiotics I am speaking of now?

17          A       Yes.

18          Q       Doctor Sullivan, do you have any opinion,  
19 based upon a reasonable degree of medical certainty,  
20 as an internal medicine specialist, whether or not a  
21 skin graft should have been done, following the  
22 original debridement?

23          A       As an internist, I can't answer that.

24               MR. LISCO: Okay. I think I am finished,



1 gentlemen and ladies.

2 MR. LUSTIG: I have a few.

3 MR. LISCO: Okay. Be short, will you, Pat?

4 MR. LUSTIG: You can leave if you want. I  
5 will just finish up.

6 E X A M I N A T I O N

7 BY MR. LUSTIG:

8 Q I would like to go back to the initial  
9 contact Doctor Revethis had with the patient on  
10 January 6th of 1992.

11 Doctor, do you recall at that time,  
12 when the patient came in, that Doctor Revethis  
13 prescribed PCE and Lodine for the patient?

14 BY THE WITNESS:

15 A I do remember that.

16 Q And what was your understanding as to the  
17 purpose of that?

18 A The purpose of that was to treat her sinus  
19 infection. It was actually what she came in  
20 complaining of. She -- well, she complained of her  
21 leg; and she complained of her sinus; and he thought  
22 after examining her, that she had an acute sinus  
23 infection and a soft-tissue contusion.

24 So he gave her the PCE for the sinus,

1       and I -- I guess the Lodine just for general achiness  
2       pain.

3               Q       And in your opinion, was it appropriate and  
4       consistent with the standard of care for  
5       Doctor Revethis to have prescribed the PCE and the  
6       Lodine?

7               A       Yes, it is. Yes, it was.

8               Q       And have you explained the basis of that  
9       opinion?

10              A       Well, yeah. I mean, the basis is that  
11       because she had a sinus infection, the PCE was  
12       excellent; and because she had this soft-tissue  
13       contusion that was bothering her, the Lodine was a  
14       perfectly reasonable type of analgesic to use.

15              Q       Then on January 1 th of 1992, the records  
16       reflect that Doctor Revethis ordered a venogram and  
17       x-rays for the patient, is that correct?

18              A       That is correct.

19              Q       Was it appropriate and within the standard  
20       of care for Doctor Revethis to order a venogram and  
21       x-rays on January 13th?

22              A       Yes, it was.

23              Q       And what is the basis of that opinion?

24              A       Well the basis of that opinion is that in

the intervening week, there was a change in this leg. and the patient came in on the 13th of January. reporting an increase in amount of pain and swelling. where was that injury

And Doctor Revethis very appropriately, first thought to rule out a -- you know, a deep-vein thrombosis, because that would be the most potentially serious thing; but he also thought that possibly just a cellulitis, an infection of the subcutaneous tissue, might be causing this. So that's the reason it was appropriate

Q So you have just described to us your basis for the opinion that it was appropriate to order those tests?

A Yes

Q And on that same date, on January 13th, Doctor Revethis discontinued the PCE and placed the patient on Cipro. Was that appropriate and wit in the standard of care?

A Yes, it was

Q And what is your basis of y'

A Well one of his thoughts was

have, quote, early cellulitis, and C;

perfectly good antibiotic to use for

1       until -- you know, certainly for a few days, until you  
2       see how it's going to work.  It's a good, broad  
3       spectrum antibiotic.

4           Q       Okay.  From the review of the records, you  
5       note that Doctor Revethis had the patient admitted to  
6       the hospital on January 18th, is that correct?

7           A       That's correct.

8           Q       Is that appropriate and within the standard  
9       of care?

10          A       Yes, it was.

11          Q       He also initially maintained the patient on  
12       Cipro upon her admission, correct?

13          A       That's true.

14          Q       Was that appropriate and consistent with  
15       the standard of care?

16          A       It was.  It was.

17          Q       Doctor Revethis had requested an infectious  
18       disease consultant on January 19th, 1992, correct?

19          A       Yes.

20          Q       Was that appropriate and consistent with  
21       the standard of care?

22          A       Yes.

23          Q       And what is the basis of that opinion?

24          A       Well the basis of that opinion is, that you

1 had a patient here, with a -- kind of a -- a difficult  
2 clinical picture, difficult to figure out exactly what  
3 was going on.

4 But in the absence of a deep-vein  
5 thrombosis, the second-most important thing you must  
6 rule out is infection; and I think an infectious  
7 disease consultant was called to try and -- you know,  
8 try to clarify matters, basically.

9 Q Once an infectious disease consultant  
10 became involved in the case, what would the role be  
11 between Doctor Revethis as an internist, and Doctors  
12 Stachowski and Ramakrishna, the infectious disease  
13 consultants?

14 A Generally, if you have an infectious  
15 disease consultant, you as the internist, will defer  
16 to their choice of drugs; and they will write the  
orders for the antibiotics. This is the way it  
normally works.

19 Q Was it appropriate and consistent with the  
20 standard of care in this case, for Doctor Revethis to  
21 defer to the infectious disease consultants, once they  
22 became involved in the case?

A Yes, it was.

24 Q And was it appropriate for Doctor Revethis

and consistent with the standard of care for him to  
have deferred to their decisions that they made,  
regarding what antibiotics to use?

A Yes.

Q And in your opinion, were the antibiotics  
that were ordered by the infectious disease  
consultants, appropriate and consistent with the  
standard of care?

A Yes.

Q During that January of 1992  
hospitalization, Doctor Revethis also ordered another  
venogram and MRI for the patient, correct?

A Yes, he did.

Q Is that appropriate and consistent with the  
standard of care?

A Yes, it was.

Q And what is the basis of that opinion?

A Well, because you had a patient who was not  
getting better, and in fact, was having more trouble;  
and in a setting where you have had trauma to a leg,  
the lower leg particularly, you really have to be  
concerned about a blood clot, because that's the thing  
that could possibly kill somebody.

And I think the venogram is a very

good idea. The MRI was also, a good idea to, you know, help to -- perhaps, hope to define a little bit more of what was going on in terms of the anatomy of this situation.

Q Okay. Doctor, was it your understanding that after Doctor Ramakrishna had aspirated the wound for a culture, that he made the recommendation to Doctor Revethis that a surgical consultation be obtained?

A Yes.

Q And was it appropriate thereafter, for Doctor Revethis to have arranged for the surgical consult?

A Yes.

Q And was it consistent with the standard of care for him to do so?

A Yes.

Q Once the surgeon became involved in the case, could you describe what the role is between Doctor Revethis as the internal medicine specialist, and Doctor Vasdekas as the surgical consult?

A Well in a situation where you have a surgical problem, then substantially, the surgeon really has to take over and make the decisions

1       because it's the surgeon who has to decide whether  
2       there will be surgery.

3                   And if there is surgery, the surgeon  
4       must be the one who decides what the surgery will be,  
5       when it will be, and what the postoperative care will  
6       be. The internist really has no training in that.  
7       So, the internist is there on paper. That's the  
8       attending, for administrative purposes at that point.

9                   And -- but in a surgical problem, the  
10      surgeon has to be the one who does -- who makes the  
11      surgical decisions.

12           Q       Was it appropriate and consistent with the  
13      standard of care for Doctor Revethis to have deferred  
14      to Doctor Vasdekas, regarding surgical decisions  
15      during the January of 1992 hospitalization?

16           A       Yes.

17           Q       Did you see any signs of infection in the  
18      patient's leg, during the January of 1992  
19      hospitalization?

20           A       No, there really wasn't. Certainly, from  
21      the information in the chart, there's nothing to  
22      suggest that there was an infection.

23           Q       Doctor, whose responsibility is it to give  
24      wound care instructions to a patient in this setting,



1 to this patient?

2 A Generally, in the hospital, the nurses.  
3 Certainly at Northwestern, in my experience, the  
4 nurses give the wound care instructions.

5 Q Did you review in this case, what type of  
6 instructions the nurses gave to Mrs. Keiken?

7 A Yes, I did. There was a -- quite a  
8 detailed note by some nurse, about how the patient was  
9 doing her sterile technique, and removing the old  
10 dressing, and putting in the sterile saline, and  
11 putting on sterile 4 by 4's, and covering with gauze.  
12 It was a very, very detailed note.

13 Q Was there also, any indication of whether  
14 Doctor Vasdekas had assessed whether the patient knew  
15 how to change her bandages?

16 A I think Doctor Vasdekas, basically, sat  
17 there and watched her do it once. That's what it  
18 sounds like in his note.

19 I mean, he had talked to her on the  
20 26th about the wound care; and then on the 26th,  
21 there's a fairly detailed note by a nurse. On the  
22 27th, Doctor Vasdekas, at least, talked to her about  
23 the dressings, because he puts down, able to do her  
24 own dressings.

And then on the 27th, the same day, later, another note by the nurse, goes into great detail about the dressings. So, she had a lot of attention to dressings.

Q In your opinion, did -- strike that.

In your opinion, did Donna Keiken receive adequate wound care instructions for her to follow on her discharge from the hospital?

A Yes.

Q And did the wound care instructions that Donna Keiken received, meet the standard of care?

A Yes.

Q And have you already described your basis for your opinion, by referring to the nurse's notes?

A I believe so, yes. It sounds like they gave her very, very detailed instructions and spent a lot of time with her.

Q From your review of the medical records and from the review of Donna Keiken's discovery deposition, do you get an impression as to whether or not she understood the wound care instructions?

MR. LISCO: Objection what her impression is, his impression of somebody else's knowledge; but you can answer over objection, Doctor.

1 BY THE WITNESS:

2 A In her deposition, she indicated -- and I  
3 think her husband did, too, in his deposition. They  
4 both indicated that apparently, dressings were not a  
5 problem. That she was able to do them without any  
6 complications or problems.

7 She sounded like a pretty smart lady.  
8 I am sure she didn't have any trouble with this.

9 BY MR. LUSTIG:

10 Q Doctor, from your review of this case, have  
11 you concluded or reached a decision as to whose  
12 responsibility it would be to make a decision if home  
13 health care was needed for this patient?

14 A Well, I think the person who is doing  
15 surgery is responsible for surgical wounds. They  
16 would normally be the one who would say, I don't --  
17 you know, but I think this type of wound is, you know,  
18 would require home care.

19 The internist, again, really  
20 doesn't -- probably doesn't have that much experience  
21 with surgical wounds, to know whether a given wound is  
22 going to present a bigger problem than somebody who  
23 could handle by themselves.

24 Q And in your opinion, was it appropriate and

1 within the standard of care for Doctor Revethis to  
2 defer to Doctor Vasdekas on this home care issue?

3 A Yes.

4 Q And in your opinion, do you believe that  
5 Donna Keiken required any home nursing care?

6 A No, I don't think she did.

7 Q And what's the basis of that opinion?

8 A Well first of all, she sounded like a very  
9 smart lady; and secondly, the things that they -- you  
10 know, I happen to know that people who have studied  
11 cosmetology and beautician work, actually do a very  
12 lot of detailed study about the anatomy, and  
13 physiology, and stuff like that.

14 So she obviously was pretty smart, and  
15 this stuff isn't really that difficult to do. It's  
16 pretty -- pretty easy.

17 Q Doctor, in your opinion, to a reasonable  
18 degree of medical certainty, were antibiotics required  
19 upon discharge from the January of 1992  
20 hospitalization?

21 A I don't believe they were, as an internist.

22 Q Who's role in this setting, would it have  
23 been to make a decision as to whether antibiotics were  
24 necessary?

1           A       Again, since you are dealing with a  
2 surgical situation, the surgeon really has to  
3 ultimately make that decision. Now he may ask  
4 infectious disease; or he might even ask the  
5 internist; but the surgeon really is the one who knows  
6 about wounds, does a given wound need treatment with  
7 antibiotics.

8                       And the surgeons make it their  
9 business to know about how to deal with wounds.  
10 That's what they do all day. Internists really don't.

11           Q       Would it also be appropriate and consistent  
12 with the standard of care for Doctor Revethis to defer  
13 to infectious disease consultant, Doctor Ramakrishna,  
14 as to whether or not antibiotics were necessary upon  
15 discharge?

16           A       Yes, it would be,

17           Q       And what's the basis of that opinion?

18           A       Well, again, you are dealing with a very --  
19 a specialized situation. This is a surgical wound.  
20 Perhaps, the infectious disease person would have a  
21 little more expertise, experience in surgical wounds,  
22 that you wouldn't normally expect an internist to  
23 have, because they just don't get involved with this  
24 very often, either in their training or in their

1 practice.

2 Q Doctor, is there a risk of placing a  
3 patient on an antibiotic if they do not need them?

4 A Well, this is definitely a -- this is one  
5 of the reasons that people like to avoid antibiotics,  
6 because if you put somebody on an antibiotic, what you  
7 are doing is, you are running the risk of selecting  
8 out resistant organisms which are going to end up  
9 being much more a problem to you -- could be much more  
10 of a problem.

11 This is the reason why a lot of people  
12 don't really like to give antibiotics, because you  
13 select out bad bugs.

14 Q Doctor, I would like to direct your  
15 attention now, to the January 30th of 1992 phone call,  
16 when the patient called regarding the rash. Is it  
17 your understanding that Doctor Revethis instructed the  
18 patient to stop taking the iron medications and take  
19 Benadryl?

20 A Yes.

21 Q Was that appropriate and consistent with  
22 the standard of care?

23 A Yes.

24 Q And what is the basis of that opinion?

1           A       Any time a patient gets a rash and a  
2 patient is taking medicines, the first thing you do is  
3 take them off the medicine, because that's the thing  
4 that's causing the trouble.

5                   And if they are having some itching  
6 problems, which she apparently was, then you put them  
7 on some Benadryl.

8           Q       When the patient came in on January 31st of  
9 1992, is it -- do you have an opinion as to whether or  
10 not there was anything to culture?

11                   MR. LISCO: On January 31st, is that what  
12 you are saying?

13                   MR. LUSTIG: Yes.

14                   MR. LISCO: Okay.

15 BY THE WITNESS:

16           A       From what Doctor Vasdekas said, there  
17 wasn't any discharge to culture.

18 BY MR. LUSTIG:

19           Q       If there is no discharge, can you perform a  
20 culture?

21           A       Well, theoretically, you could; but what  
22 you will get is probably nothing but colonization of  
23 bacteria. So it's really kind of a waste.

24           Q       In the January 31st visit, what was your

1       understanding as to Doctor Revethis' role versus  
2       Doctor Vasdekas' role?

3           A       Doctor Revethis dealt with the internal  
4       medicine problem, as he should have, the rash; and  
5       Doctor Vasdekas dealt with the surgical wound, which  
6       was appropriate.

7           Q       And was it appropriate and consistent with  
8       the standard of care for Doctor Revethis to direct his  
9       attention to the rash, which was the internal medicine  
10      aspect?

11          A       Yes.

12          Q       And was it appropriate and consistent with  
13      the standard of care for Doctor Revethis to defer to  
14      Doctor Vasdekas to deal with the treatment of the  
15      wound?

16          A       Yes.

17          Q       And what is the basis of that opinion?

18          A       The basis of that opinion is, that it's a  
19      surgical wound; and surgeons know about their surgical  
20      wound. Doctor Revethis shouldn't be dealing with a  
21      wound. He really hasn't been trained to deal with her  
22      wound. This is -- it would not be appropriate for him  
23      to get too involved with her wound. The surgeon has  
24      to do that.



1 Q

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A Yes.

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20 you know, I -- whatever he did, he -- he was fine.

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24

1 deferred to the surgeon to make surgical decisions?

2 A Yes.

3 Q And during that same hospitalization in  
4 February of 1992, was it appropriate and consistent  
5 with the standard of care for Doctor Revethis to defer  
6 to the infectious disease specialist,  
7 Doctor Ramakrishna, to make decisions regarding  
8 antibiotics?

9 A Yes, it was.

10 Q From your review of the records and the  
11 deposition transcripts, does it appear as though the  
12 communication between Doctor Revethis, Doctor  
13 Vasdekas, and Doctor Ramakrishna, was appropriate and  
14 consistent with the standard of care?

15 A Yes.

16 Q And what is the basis of that opinion?

17 A Just the fact that everybody, you know, at  
18 various times, alludes to -- in their depts, they  
19 allude to talking among one another; and then in the  
20 progress notes, you frequently see, you know, things  
21 like surgical note appreciated, or above noted. So,  
22 there was communication going on between everybody in  
23 the case.

24 MR. LUSTIG: Okay. That's all I have.

1 MS. GREENE: I have two.

2 Doctor, my name again is Mary Jo  
3 Greene. I represent Doctor Vasdekas, the  
4 surgeon.

5 E X A M I N A T I O N

6 BY MS. GREENE:

7 Q I take it from time to time, during your  
8 years as a practicing specialist in internal medicine,  
9 you have had cases with surgeons, correct?

10 BY THE WITNESS:

11 A Yes.

12 Q From your perspective and experience in  
13 having medical cases with surgeons, do you have an  
14 opinion to a reasonable degree of medical certainty,  
15 as to whether or not from an internal medicine  
16 perspective, whether or not Doctor Vasdekas complied  
17 with the standard of care?

18 MR. LISCO: Objection, it's not a proper  
19 question, because he is not qualified to give any  
20 opinions on the surgeon.

21 MS. GREENE: You can go ahead and answer,  
22 Doctor.

23 BY THE WITNESS:

24 A Well, I think what he did seemed very

1 reasonable. I think he's complied with the standard  
2 of care.

3 MR. LISCO: Move to strike the answer.

4 MS. GREENE: Thank you, Doctor. I have  
5 nothing further.

6 MR. LISCO: How about waiving signature?

7 THE WITNESS: No, I would like to reserve.

8 MR. LISCO: I don't blame you.

9 (FURTHER DEPONENT SAITH NOT.)

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STATE OF ILLINOIS )  
 ) SS:  
COUNTY OF C O O K )

THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
COUNTY DEPARTMENT, LAW DIVISION

DONNA KEIKEN, )  
 )  
 Plaintiff, )  
 )  
 v. ) No. 93 L 4970  
 THOMAS VASDEKAS, M.D.; and )  
 )  
 WILLIAM REVETHIS, M.D.; )  
 Defendants. )

I, PATRICK J. SULLIVAN, M.D., having been previously duly sworn, deposeth, and saith that I have read the foregoing transcript of proceedings taken at my deposition at the time and date aforesaid and the foregoing is a true and correct copy of the testimony so given by me at said deposition, except as so indicated on the attached correction sheets.

No corrections (Please initial)

Number of errata sheets submitted\_\_\_\_\_ (pgs.)

SUBSCRIBED AND SWORN TO

before me this \_\_\_\_\_ day of \_\_\_\_\_, A. D., 1997.

Notary Public

STATE OF ILLINOIS     )  
                              )   SS:  
COUNTY OF DU PAGE    )

I, GLORIA M. SCHUELKE, C.S.R., R.P.R., a Notary Public within and for the County of Du Page, State of Illinois, and a Certified Shorthand Reporter of said State, do hereby certify:

That previous to the commencement of the examination of PATRICK J. SULLIVAN, M.D., he was duly sworn to testify the whole truth concerning the matters herein;

That the foregoing deposition transcript was reported stenographically by me, was thereafter reduced to typewriting under my personal direction, and constitutes a true record of the testimony given and the proceedings had;

That the reading and signing by the witness of the deposition transcript was reserved;

That I am not a relative or employee or attorney or counsel, nor a relative or employee of such attorney or counsel for any of the parties hereto, nor interested directly or indirectly in the outcome of this action;

That my certificate annexed hereto applies

to the original and typewritten copies, only, signed and notarized by me. The undersigned assumes no responsibility for the accuracy of any reproduced copies not made under my control or direction.

IN WITNESS WHEREOF, I do hereby set my hand and affix my seal of office at Chicago, Illinois, on this 17th day of April, A. D., 1997.

  
Notary Public, Du Page County, Illinois.

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