

1 IN THE COURT OF COMMON PLEAS

2 STARK COUNTY, OHIO

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4 DANIEL C. BRUWIER,)
et al.,)

5 Plaintiffs,)

6 vs.)

Case No. 95-CV-01900

Judge Sinclair

7 WALTER J. TELESZ, M.D.,)
8 et al.,)

9 Defendants.)

ORIGINAL

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12
13 Deposition of WALTER J. TELESZ, M.D., a
14 defendant herein, called by the plaintiff for cross-
15 examination pursuant to the Rules of Civil
16 Procedure, taken before me, Gary L. Prather, a
17 Notary Public in and for the State of Ohio, at the
18 Massillon Community Hospital, 875 Eighth Street,
19 Massillon, Ohio, on Tuesday, the 28th day of May
20 1996, at 11:57 a.m.

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1 APPEARANCES:

2 On Behalf of the Plaintiff:

3 The Okey Law Firm

4 BY: Mark D. Okey, Attorney at Law
5 337 Third Street, NW
6 Canton, Ohio 44702

7 On Behalf of the Defendants Walter J. Telesz,
8 M.D., and Stark County Surgeons, Inc.:

9 Roetzel & Andress

10 BY: Thomas A. Treadon, Attorney at Law
11 220 Market Avenue South
12 Suite 520
13 Canton, Ohio 44702

14 On Behalf of the Defendants Wayne Stark
15 Professional Home Care Services and Esther G.
16 Dershaw, RN:

17 Buckingham, Doolittle & Burroughs

18 BY: Richard G. Reichel, Attorney at Law
19 624 Market Avenue North
20 Canton, Ohio 44702

21 ALSO PRESENT:

22 Janet Dunham

23 - - -

WALTER J. TELESZ, M.D.

of lawful age, a defendant herein, having been first duly sworn, as hereinafter certified, depose and swear as follows:

CROSS-EXAMINATION

BY MR. OKEY:

Q Doctor, for the record, would you please state your full name?

A. Walter J. Telesz, M.D.

Q Where is your professional address?

A 2815 Ironwood Massillon, Ohio

Q All right, sir.

MR. OKEY: Let the record

reflect that this is the discovery deposition of defendant Dr. Telesz being taken as is upon cross-examination by the plaintiff herein and pursuant to agreement of counsel

MR. MASON: Correct

BY MR. OKEY:

Q. Dr. Telesz, Mrs. Bruwier was first referred to you, is that correct, from Dr. Sanctis?

A. Yes

Q. And you first saw her on the 27th of September '94?

A. Yes

1 Q. All right, sir.

2 And at that time she was being referred to you
3 for evaluation for any surgery on a hernia?

4 A. Yes.

5 Q. And who was present with her when she came to
6 see you for that first time?

7 A. I don't remember.

8 Q. Okay, sir.

9 Obviously she was there and you did an
10 examination of her at that time, and after your
11 examination part of your office visit dealt with the
12 discussion of the dangers of surgery?

13 A. Yes.

14 Q. All right, sir.

15 And one of the dangers of surgery that you
16 discussed with her was pulmonary embolism?

17 A. Yes.

18 Q. What risk factors did Mrs. Bruwier have for
19 the development of a pulmonary embolism?

20 A. The main one being her obesity, and she would
21 be undergoing major abdominal surgery.

22 Q. Anything else, sir?

23 A. Not that I was aware of at that time.

24 Q. What is it about a person's weight that
25 increases the risk of pulmonary embolism?

1 A, I'm not sure exactly what it is, other than
2 the fact statistically we're aware that it is a
3 problem.

4 Q. Is the greater the weight the greater the
5 risk?

6 A. I think if you're over ideal weight it
7 increases your risk, I don't think it's a
8 geometrical progression.

9 Q. All right.

10 Are we correct we've seen it variously
11 reported in some of the records she was anywhere
12 from 350 plus to 400 pounds plus? You saw the
13 lady --

14 A. As far as I know.

15 Q. -- is that correct?

16 A. As far as I know that's correct.

17 Q. Okay.

18 Would you consider her -- maybe I
19 misunderstood you, but did you consider her obesity
20 to be the No. 1 factor, risk factor?

21 A. Yes.

22 Q. Doctor, what did you do, if anything, prior to
23 her surgery to minimize the risk of a pulmonary
24 embolism?

25 A. Prior to her surgery?

1 Q. Prior to the surgery, sir.

2 A. She was given Heparin and pneumatic stockings.

3 Q. When was she begun on Heparin?

4 A. I'd have to look at the record, I can't tell
5 you exactly, but it was -- it would be the hospital
6 record I imagine.

7 MR. TREADON: It would be --

8 BY MR. OKEY:

9 Q. Now, the surgery --

10 MR. TREADON: Do you want to
11 know exactly when?

12 MR. OKEY: If you could,
13 maybe pull that, get the hospital record out and
14 give it to the doctor and he can review that.

15 BY MR. OKEY:

16 Q. While you're looking for that maybe I can ask
17 you another question.

18 MR. TREADON: We have your
19 orders here, is that where you want to look? My
20 records are in different order probably than the way
21 you keep them.

22 THE WITNESS: This is the
23 day, this is 10/27/94, preoperatively compression
24 stockings, plus Heparin 5,000 units sub Q pre-op.

25 MR. REICHEL: Page please?

1 THE WITNESS: I guess that's
2 37.

3 MR. REICHEL: Thank you

4 BY MR. OKEY:

5 Q. Is there a circled 37 on that?

6 A. Yes.

7 Q. Okay, sir, thank you.

8 So it was begun the 'day before surgery?

9 A. Immediately prior to surgery the day of
10 surgery.

11 Q. Prior to surgery?

12 A. Yeah, prior to surgery.

13 Q. Was the surgery done on the 27th or the 28th
14 of October?

15 A. Surgery is actually the 28th, the order was
16 given to -- I give it pre-op.

17 Q. And how --

18 A. The order was actually written on the 27th.

19 Q. So it would not have been administered just
20 before?

21 A. Pre-op, yes.

22 Q. How soon before the surgery would she have
23 been given this?

24 A. I would have to look at the nurse's notes.
25 Roughly, probably an hour.

1 MR. TREADON: The medication
2 records? This is my order, not necessarily your
3 order. They appear in the chart.

4 THE WITNESS: According to
5 this record on 10/28, looks like 7 a.m. I guess, 700
6 hours, yes.

7 BY MR. OKEY:

8 Q. When did she go to 'the surgery?

9 A. She was scheduled 7:45.

10 Q. Okay.

11 So just roughly 45 minutes prior to surgery?

12 A. Yes.

13 Q. And is it fair to say that the surgery that
14 you performed on that day went fine, there were no
15 complications?

16 A. Yes.

17 Excuse my laryngitis.

18 Q. That's okay.

19 Now, postoperatively did you in any way change
20 what you were doing in regards to preventing
21 pulmonary embolism?

22 A. She was kept on Heparin 5,000 units every
23 eight hours and continued with the pneumatic
24 stockings.

25 Q. Now, did you consider that adequate, then, at

1 that time for prevention of a pulmonary embolism?

2 A. Yes.

3 Q. All right, sir.

4 Now, during her hospitalization she was seen
5 on a consulting basis by Dr. Connelly?

6 A. Yes.

7 Q. And I believe you asked him to consult on the
8 basis of the diabetes?

9 A. Yes.

10 Q. And he was evaluating her for that?

11 A. Yes.

12 Q. And part of his evaluation also dealt with a
13 review of her medications, and it's my understanding
14 that he increased the dosage that you had ordered?

15 A. Originally we had every 12 hours, he increased
16 it to every 8 hours.

17 Q. All right.

18 Did you have a discussion with Dr. Connelly
19 regarding that increase in the Heparin?

20 A. Not specifically.

21 Q. Okay.

22 Did you agree with that?

23 A. Yes.

24 Q. Now, Doctor, were you aware of the episode
25 that occurred on the evening of November 2, 1994, in

1 which Mrs. Bruwier, while still in the hospital, I
2 believe, experienced some heaviness in her chest?

3 A. No, sir.

4 Q. You sat and listened to the deposition of
5 Esther Dershaw?

6 A. Yes.

7 Q. Have you, sir, ever reviewed any of the
8 records of the visiting nurse?

9 A. No, sir.

10 Q. Now, you did order the visiting nurse to
11 become involved in the care and treatment of Mrs.
12 Bruwier?

13 A. Yes.

14 Q. All right.

15 And do you know when you gave the order to
16 have the visiting nurse arrange for home care?

17 A. I can't tell you specifically, it was likely
18 the day of discharge I told the floor nurses to
19 arrange for it.

20 Q. Do you recall if you saw Mrs. Bruwier on the
21 day of the discharge?

22 A. I'd have to look at the chart.

23 Q. Go right ahead.

24 MR. REICHEL: Can you give me
25 a page then, once you find them, please?

1 THE WITNESS: Sure.

2 MR. TREADON: If you're good,
3 Richard, we'll give you a page.

4 THE WITNESS: I saw her on
5 11/2/94. That's page 35.

6 BY MR. OKEY:

7 Q. Is there a title on that page?

8 MR. TREADON: Physician
9 progress notes.

10 THE WITNESS: Physician
11 progress notes.

12 BY MR. OKEY:

13 Q. Fine.

14 Was she actually discharged on the 2nd --

15 A. Yes.

16 Q. -- or was she discharged on the 3rd?

17 A. 2nd.

18 Q. Okay.

19 What time of day was she discharged then?

20 A. That I don't know.

21 Q. Is there a date -- or, I mean, a time?

22 A. There's a date, not a time, when I wrote my
23 note.

24 Q. Now, could you tell me, Doctor, what are the
25 signs and symptoms of a pulmonary embolism?

1 A. Shortness of breath, dyspnea.

2 Q. What is that, sir?

3 A. Shortness of breath, dyspnea, just another way
4 of saying it.

5 Q. Could you spell that for the court reporter,
6 please?

7 A. D-y-s-p-n-e-a.

8 May be hemoptysis.

9 Q. Would you spell that for us and explain what
10 it is?

11 A. H-e-m-o-p-t-y-s-i-s I guess. I'm not a very
12 good speller.

13 Q. Neither am I.

14 What is that, sir?

15 A. Basically it's bloody sputum.

16 Q. A patient would actually cough up blood?

17 A. Yes.

18 Q. I'm sorry, I didn't mean to interrupt you.

19 A. Basically there can be one, several, or
20 combination of symptoms.

21 Q. Are there any others that you can think of,
22 Doctor?

23 A. As far as symptoms go?

24 Q. Yes, sir.

25 A. May be anxiety.

1 Q. Anything else?

2 A. No.

3 Q. Okay.

4 Is there any particular one of the five that
5 you just mentioned that you would consider a
6 priority as far as a sign or symptom of developing
7 pulmonary embolism?

8 A. I would say hemoptysis would be one of the
9 ones that early would be a red flag.

10 Q. Would you, as an attending physician, surgeon,
11 want to be alerted by nurses that are involved in
12 the care and treatment of the patient as to any of
13 these types of symptoms?

14 A. You have to rely if they feel they're
15 significant.

16 Q. Would you consider them significant?

17 A. Depends on the clinical situation of the
18 individual.

19 Q. Do they become more significant when a patient
20 has several known risk factors for developing
21 pulmonary embolism?

22 A. Repeat the question.

23 MR. OKEY: Do you want to
24 read that back?

25 (Thereupon, the reporter read

1 the record as requested.)

2 THE WITNESS: Yes.

3 MR. TREADON: Point of
4 clarification, I think he mentioned there were two
5 risks in major abdominal surgery, as opposed to
6 several.

7 MR. OKEY: That is
8 correct.

9 BY MR. OKEY:

10 Q. The two that you mentioned?

11 A. Yes.

12 Q. And your answer is yes?

13 A. Yes.

14 Q. Have you had an opportunity, Doctor, to review
15 Mrs. Bruwier's hospital records and your own office
16 records, as well as even the visiting nurse's
17 records, prior to your deposition?

18 A. I have not reviewed the visiting nurse's
19 records.

20 Q. Okay.

21 But you have reviewed your office records and
22 the hospital records?

23 A. Yes, I have.

24 Q. Any other records that you've reviewed --

25 A. No, sir.

1 Q. -- in preparation?

2 Between the dates of October 28, that's the
3 date of the surgery --

4 A. Yes.

5 Q. -- and November 12, 1994, which is the date of
6 her death --

7 A. Yes.

8 Q. -- did you identify any, if this is a correct
9 term, embolic events during that period of time
10 between surgery and the date of death?

11 A. Clinically I was very concerned when I saw her
12 in the office on the 10th.

13 Q. All right.

14 If I can back up just a little bit, before we
15 get to the 10th, on or about the evening of November
16 2, you've now been told that there was an event, or
17 an episode, as characterized by Esther Dershaw, in
18 which Mrs. Bruwier complained of or felt heaviness
19 in her chest --

20 A. (Witness nodding head up and down.)

21 Q. -- and some light-headedness --

22 (Witness nodding head up and down.)

23 A.
24 Q. -- weakness and fatigue --

25 A. (Witness nodding head up and down.)

26 Q. -- chest pain?

1 Are you telling me that none of that
2 information was ever reported to you?

3 A. Not at that time.

4 Q. When did you first learn about that particular
5 episode and those signs or symptoms?

6 A. In the history she gave me on the 10th.

7 Q. Okay.

8 You never received any information from the
9 visiting nurse that alerted you to any of those
10 findings prior to that time?

11 A. Not that I can remember.

12 Q. Okay.

13 Had you been advised by the visiting nurse of
14 those findings upon her initial assessment would
15 your care and treatment of Mrs. Bruwier have changed
16 any?

17 A. I would say that, for instance, if she gave me
18 those symptoms after the first night she was home,
19 which would have been the 2nd, I don't think I would
20 have. I mean, she was immediately post-op, I think
21 she was only 28, four days post-op.

22 Q. Correct.

23 A. I think this would be reasonable for her to
24 have these symptoms at that time going home.

25 Q. All right.

1 Reasonable in relationship to the type of
2 surgery she had just had?

3 A. Yes, plus considering her size.

4 Q. All right.

5 So that basically I guess you're saying you
6 would not have changed your treatment of her based
7 upon that information had you received it?

8 A. Correct.

9 Q. Okay.

10 Considering her obesity and the fact she had
11 just had major abdominal surgery, and also I'm going
12 to ask you to assume she reported the signs and
13 symptoms that I've just ,reported to you from Esther
14 Dershaw, would you have considered those signs and
15 symptoms significant?

16 A. On the first night, on the 2nd you mean?

17 Q. On the 2nd, yes, sir.

18 A. Not on the 2nd I would not have.

19 Q. Okay.

20 When Mrs. Bruwier was discharged from the
21 hospital was she discharged on any medication
22 prescribed by you for the prevention of any
23 pulmonary embolism?

24 A. No.

25 Q. Did you receive a copy of Esther Dershaw's

1 patient status report that she prepared on November
2 3, 1994?

3 A. Not that I'm aware of.

4 Q. It is not contained in your file, sir?

5 A. I don't have it in my file.

6 Q. Okay, I'm assuming you looked at your file and
7 it isn't in there?

8 A. Yes, I don't think I have it.

9 Q. Doctor, as you heard Nurse Dershaw testify
10 earlier, she spoke to or saw Mrs. Bruwier on the 9th
11 of November and on the 9th she complained of having
12 an episode on the 8th; do you recall that, sir?

13 A. Yes, sir.

14 Q. All right.

15 In which she had heaviness over the center of
16 her chest; do you also recall that?

17 A. Yes.

18 Q. That sign or symptom, was that ever reported
19 to you?

20 A. Not that I'm aware of.

21 Q. Okay.

22 Had that information been reported to you
23 would you have changed your care and treatment of
24 Mrs. Bruwier?

25 A. I would probably have seen her and evaluated

1 her.

2 Q. You would have asked her to come in for an
3 office visit?

4 A. Yes.

5 Q. What would have been the significance of the
6 second event then? What about the second event or
7 reported symptom of heaviness in the chest, that
8 would have, I guess, convinced you to have her come
9 in for an office appointment?

10 A. Well, at that point she would have been
11 seen -- we operated the 28th, that would be two --
12 that would be ten days post-op and I think just the
13 initial one, which was four days post-op --

14 Q. Correct.

15 A. -- you would expect, you know, I said the
16 weakness and you frequently get atelectasis, after
17 surgery they do have some shortness of breath.

18 Q. Do you want to spell that term for us, so the
19 court reporter can get it?

20 A. A-t-e-l-e-c-t-a-s-i-s I think, atelectasis.

21 Q. What is that, sir?

22 A. Portions of the lungs collapse when they don't
23 take deep breaths.

24 Q. Anything else?

25 A. No, as I said, on the 2nd I would attribute a

1 lot of her symptoms to that type of situation.

2 However, on the 8th, which is another -- that makes
3 her ten days post-op, I would have looked for
4 something else going on.

5 Q. Would one of the conditions that you would be
6 suspicious of be pulmonary embolism?

7 A. Yes.

8 Q. Do you consider this second event then and the
signs and symptoms that she experienced to be
significant at that time?

11 A. They may have been.

12 Q. Why do you classify it as possibility?

13 A. Well, I'd really want to see her and talk to
14 her. You know, just that someone calls you over the
15 phone saying they have some chest pain or
16 discomfort, I mean, you have to investigate it
17 further I believe.

18 Q. Okay.

19 Doctor, would you expect the visiting nurse to
20 have reported this information to your office
21 directly?

22 A. I think I'd have to leave that up to her
23 judgment, really.

24 Q. Now, if we go to the 10th of November, on the
25 10th is when she was scheduled for an office visit

1 with you?

2 A. Yes.

3 Q. This is, I guess, a routinely scheduled
4 postoperative visit?

5 A. See, I can't tell you whether it was routine
6 or they called in, because the -- I think because of
7 the wound infection.

8 Q. It was not -- she was not scheduled for an
9 office examination or office visit due to a
10 suspicion of a pulmonary embolism?

11 A. No, she wasn't.

12 Q. Now, were you aware of the fact then when she
13 was preparing and getting ready to come to your
14 office that she again experienced another episode?

15 A. According to my office record she states she
16 had two or three episodes in the previous two weeks
17 where she had some weakness and some shortness of
18 breath.

19 Q. That would include then the event on the 2nd,
20 the event on the 8th and then also the event on the
21 morning of the 10th?

22 MR. TREADON: Well, I'm going
23 to object, I don't know how the doctor could
24 possibly know what specific date she meant when she
25 gave him that history.

1 MR. OKEY: Okay.

2 THE WITNESS: No, she did not
3 give me a specific date, she just said she had
4 several episodes where these things had happened.

5 BY MR. OKEY:

6 Q. All right.

7 Was she a cooperative patient, Doctor?

8 A. Yes, she was cooperhtive.

9 Q. Did she respond to all your questions?

10 A. Yes.

11 Q. Okay.

12 Did you take the history yourself?

13 A. Yes.

14 Q. On the loth, when she visited your office,
15 were there any other family members present?

16 A. Her husband was present.

17 Q. Was there anyone else in the -- I assume
18 you're in an examining room --

19 A. Yes.

20 Q. -- when you discuss this with her?

21 A. Yes.

22 Q. Was anyone else present in the examining room?

23 A. One of my employees was there part of the
24 time.

25 Q. Which employee was that?

- 1 A. Marianne Krantz.
- 2 Q. Could you spell her last name?
- 3 A. K-r-a-n-t-z.
- 4 Q. Is she a nurse?
- 5 A. LPN.
- 6 Q. Okay.
- 7 Do you know at what point in time or during
- 8 what point in time she wa's present in the room?
- 9 A. It was when we drained the wound.
- 10 Q. Was she present during any other aspect of the
- 11 meeting?
- 12 A. I don't believe so.
- 13 Q. On the loth, when she was at your office, is
- 14 that the first that you recall learning about any of
- 15 these other events?
- 16 A. Which ones do you mean?
- 17 Q. We now know them to be the one on the 2nd, and
- 18 the one on the 8th and then on the morning, or just
- 19 before coming to your office on the 10th; is that
- 20 the first that you learned about any --
- 21 A. Yes.
- 22 Q. -- of these?
- 23 A. Yes.
- 24 Q. Okay.
- 25 Did you consider those to be significant

1 findings at that time?

2 A. Yes.

3 Q. All right.

4 And significant for what?

5 A. Pulmonary embolus.

6 Q. Now, from the time of her discharge to the
7 time you saw her on the 10th was Mrs. Bruwier on any
8 medication for the preven'tion of pulmonary embolism?

9 A. No.

10 Q. Doctor, based on your training and education
11 and experience, practice of medicine, are there
12 treatments for the prevention, the acute prevention
13 of pulmonary embolism?

14 A. Yes.

15 Q. What would those treatments include?

16 A. The compression, pneumatic hose, subcutaneous
17 Heparin.

18 Q. Now, you mentioned that she had pneumatic
19 hose --

20 A. Yes.

21 Q. -- at the hospital, did she continue to use
22 those at home?

23 A. No.

24 Q. Was that under your instructions or did she
25 just stop using them?

1 Q. And what type of dosage, Doctor?

2 A. She got 5,000 units every eight hours.

3 Q. That would have been the type of treatment,
4 aftercare she received in the hospital?

5 A. Yes.

6 Q. Both just immediately before the surgery and
7 then shortly after the surgery?

8 A. Until she was discharged,

9 Q. Okay. .

10 And that would have been given on a basis of
11 every eight hours?

12 A. Yes, sir.

13 Q. Is there any other care or treatment for the
14 prevention of acute pulmonary embolism?

15 A. That's the accepted treatment. Actually, one
16 alone is usually adequate in medical literature.

17 Q. Is this a recognized treatment, is it just
18 applicable to surgeons?

19 A. Restate your question.

20 Q. Well, is this a treatment that is common or
21 universally accepted?

22 A. Yes.

23 Q. And is it acceptable to just surgeons or is it
24 acceptable to internists, pulmonologists, other
25 disciplines?

1 A. Usually the time you're concerned about is the
2 immediate perioperative period.

3 Q. So you would have discontinued the use of the
4 hose yourself?

5 A. Normally discontinue them when the patient is
6 ambulatory and going home.

7 Q. Okay, sir.

8 And then for the initial treatment or for the
9 treatment of acute pulmonary embolism you say you
10 use subcutaneous Heparin, is that by IV?

11 A. Repeat your question.

12 Q. Okay, maybe I've misunderstood you here.

13 I asked you about what were the types of
14 treatment for the prevention of an acute pulmonary
15 embolism.

16 A. Prevention, right.

17 Q. Right.

18 A. Prophylactic.

19 Q. Right.

20 And you're talking about you said you use
21 pneumatic hose, subcutaneous Heparin?

22 A. Right.

23 Q. And when we're talking about subcutaneous
24 Heparin how is that administered to the patient?

25 A. By needle, right under the skin.

1 A. Yes, it's acceptable.

2 Q. Now, is this also the treatment that is, for
3 lack of a better word, I guess, maintenance
4 prevention of pulmonary embolism rather than an
5 acute, you have more of a chronic treatment?

6 A. I'm not aware of that.

7 Q. All right.

8 When **do** you use Coumadin?

9 A. That's usually used on someone who has a known
10 diagnosis of deep venous thrombosis for long term.

11 Q. The use of Heparin is only in the short term?

12 A. For prophylaxis.

13 Q. For what period of time?

14 A. Usually while they're hospitalized.

15 MR. TREADON: I'm sorry, what
16 was your answer? What was that last answer, usually
17 what?

18 THE WITNESS: While they're
19 hospitalized.

20 MR. TREADON: Okay.

21 BY MR. OKEY:

22 Q. So it's discontinued before the discharge from
23 the hospital?

24 A. At the time of discharge.

25 Q. Okay.

1 Are there side effects from the long-term use
2 of Heparin?

3 A. Yes.

4 Q. All right.

5 What are those?

6 A. Can be bleeding.

7 Q. Any others?

8 A. Platelet counts can'sometimes go down.

9 Q. What would you consider to be a long-term use
10 of Heparin, what period of time?

11 MR. TREADON: I'll object,
12 that would depend on the clinical situation.

13 But you can answer that, if you can.

14 THE WITNESS: In my clinical
15 experience we simply use it while they're
16 hospitalized.

17 BY MR. OKEY:

18 Q. All right.

19 Can the side effects of Heparin be reversed?

20 A. Yes.

21 Q. If we're talking about prophylactic prevention
22 of pulmonary embolism, do you recognize the use of
23 Coumadin for that purpose?

24 A. No, sir.

25 Q. The only purpose that Coumadin -- or what

1 purposes, if any, can you identify for me would be
2 the use of Coumadin?

3 A. Long-term treatment.

4 Q. Of what?

5 A. Deep venous thrombosis.

6 Q. Anything else?

7 A. No.

8 Q. Now, when you saw her, Mrs. Bruwier, on the
9 10th of November at your office in your terms your
10 big concern was pulmonary embolism?

11 A. Yes, sir.

12 Q. And at that point in time what was your
13 response to that big concern about pulmonary
14 embolism?

15 A. I recommended to her she be hospitalized,
16 treated.

17 Q. Did you recommend or did you suggest?

18 A. Recommended.

19 Q. You used the term suggest; am I correct?

20 A. Yes, in my addendum, yes.

21 Q. All right.

22 By the way, what's your definition of the term
23 addendum?

24 A. Something to add more information.

25 Q. Now, you did start her on Coumadin?

4 Yes, sir

Q Was that for the treatment of a diagnosed venous thrombosis?

A No, it was because she did not want to go to the hospital

Q How did she indicate her -- did she have an objection to going to the hospital?

A. Yes, sir.

Q Did her husband object to her going to the hospital?

A I don't remember whether he did or not or did you order her to go to the hospital?

A I can't say that I ordered her. It was my recommendation treatment I don't usually order consents to do things

Q Well, did you consider this -- you had a big concern of a pulmonary embolism?

A Yes, sir.

Q Those are your terms?

Yes, sir.

Q What's to be concerned about a pulmonary embolism?

A. It can be a fatality.

Q It's life threatening?

A Can be

1 Q. And in life-threatening situations like that
2 you did not think it necessary to order her to the
3 hospital?

4 MR. TREADON: I'm going to
5 object, I don't think any doctor has the right to
6 order a patient to do anything.

7 MR. OKEY: You've stated
8 your objection, I'm just asking the doctor.

9 MR. TREADON: I understand,
10 but I want to make that clear, I don't think they
11 have the power or right to do that. So you're
12 asking him to suggest something that he doesn't have
13 the power to do.

14 Go ahead.

15 BY MR. OKEY:

16 Q. Doctor, do you feel you have the power to
17 order somebody to the hospital?

18 A. No, sir.

19 Q. You do not think you should order them there?

20 A. No, sir.

21 Q. That should be their individual choice?

22 A. Yes, sir.

23 Q. Even in life-threatening situations?

24 A. Yes, sir.

25 Q. This addendum that you attached to your note,

1 when was that prepared?

2 A. I believe the sequence was such that I saw her
3 on a Thursday, which was the 10th, and my associate,
4 Dr. Lafferty, attended to her on Saturday, when she
5 expired.

6 Q. At the emergency room at the hospital?

7 A. Right.

8 Q. Uh-huh.

9 A. Following this -- we dictate our notes in the
10 office and I read my note on the Monday, which would
11 be the 14th probably. That's when the addendum was
12 added, on the 14th.

13 Q. So the addendum was added after her death?

14 A. Yes, it was.

15 Q. Two days after her death?

16 A. Yes, it was.

17 Q. Did you consider the ordering of Coumadin -- I
18 believe it was five milligrams was the dosage?

19 A. Yes, it was.

20 Q. That would have been ordered on the 10th?

21 A. Yes, sir.

22 Q. Did you consider that to be adequate?

23 A. For treatment of pulmonary embolus?

24 Q. For treatment of Margie Bruwier.

25 A. No, I didn't.

1 Q. Did you, Doctor, call the visiting nurses
2 after your office visit with Margie Bruwier on the
3 10th and discuss her situation with them?

4 A. No, I didn't.

5 Q. Did you give them any additional instructions
6 at any time after the 10th?

7 A. Yes, we ordered the blood test.

8 Q. Was that in response to suspected pulmonary
9 embolism?

10 A. It was basically in response to the Coumadin
11 treatment.

12 Q. What other instructions, if any, did you give
13 the visiting nurse regarding Mrs. Bruwier?

14 A. I'm not aware of any other ones.

15 Q. When she was discharged from the hospital
16 originally on the 2nd --

17 A. Yes.

18 Q. -- I know that you've already indicated she
19 was not on any preventive medication at that time,
20 had you considered putting her on medication upon
21 discharge?

22 A. No, sir.

23 Q. Can you tell me why not?

24 A. I never have in any of my practice.

25 Q. Did you ever learn why Dr. Connelly felt that

1 it was necessary to increase the dosage of Heparin
2 that you had originally ordered?

3 A. Because of her size.

4 Q. Now, when you saw her on the 10th she denied
5 coughing up any blood --

6 A. Right.

7 Q. -- correct?

8 A. Yes.

9 Q. She did describe for you episodes of shortness
10 of breath?

11 A. Yes.

12 Q. And episodes of chest pain?

13 A. I believe she did, yeah.

14 Q. Was she exhibiting any signs of anxiety at
15 that time?

16 A. Not that I'm aware of.

17 Q. Did you tell her that a pulmonary embolism is
18 a life-threatening --

19 A. Yes.

20 Q. -- condition?

21 A. Yes.

22 Q. Did she seem concerned over that?

23 A. I can't remember how she felt.

24 Q. Was she upset with what you told her during
25 that November 10 office exam?

1 MR. TREADON: You mean did
2 she appear upset?

3 BY MR. OKEY:

4 Q. Did she appear upset?

5 A. No, she didn't appear upset. She seemed to be
6 more concerned with the wound infection. She seemed
7 to think that was causing all her troubles.

8 Q. Did you think that was causing all of her
9 troubles, Doctor?

10 A. No, sir.

11 Q. Doctor, did you order any tests for Margie
12 Bruwier for purpose of identifying or diagnosing a
13 pulmonary embolism?

14 A. No, sir.

15 Q. Are there tests available to a physician that
16 he could order?

17 A. There are tests available.

18 Q. What tests would those be?

19 A. One would be doppler study of the legs,
20 looking for evidence of deep venous thrombosis,
21 another one would be possibility of chest x-ray,
22 another one would be lung scan. .The old standard
23 basically is pulmonary angiogram.

24 MR. TREADON: Say that again,
25 pulmonary angiogram?

1 THE WITNESS: Yes.

2 BY MR. OKEY:

3 Q. Did you order any of those tests?

4 A. No, sir.

5 Q. Why did you not order any of them?

6 A. Because my feeling was she should have been
7 admitted and Heparinized, treated Heparinized.

8 Q. Did you consider those tests unnecessary?

9 A. If you have a clinical diagnosis, yes.

10 Q. So the 10th of November you had made or
11 reached a clinical diagnosis of a pulmonary
12 embolism?

13 A. Yes, sir.

14 Q. Did you at that point in time recommend that
15 she get a medical consult with another doctor?

16 A. No, sir.

17 Q. Why not?

18 A. I didn't think there was any need for it.

19 Q. You have a patient which, according to you, is
20 not following your advice and your recommendation?

21 A. Yes, sir.

22 Q. And you don't order any tests?

23 A. Yes, sir.

24 Q. And you're having difficulty getting this
25 patient into the hospital, which is where you think

1 she ought to be?

2 A. Yes, sir.

3 Q. But you didn't think there was a need for the
4 intervention of another doctor?

5 A. No, sir.

6 Q. In your opinion, Doctor, would Heparin have
7 been the treatment of choice for Margie Bruwier on
8 the 10th of November 1994?

9 A. Yes, sir.

10 Q. Had that treatment been initiated would she
11 have expired on the 12th of November 1994?

12 A. Still possible.

13 Q. Okay.

14 Would that have been Heparin administered by
15 IV?

16 A. Yes, sir.

17 Q. And that would have been a faster acting
18 process than giving her a prescription of Coumadin
19 five milligrams?

20 A. Yes, sir.

21 Q. Did you order any arterial blood gases?

22 A. No, sir.

23 Q. Why not?

24 A. She should have been treated.

25 Q. Did you consider back in -- I'm going back in

1 1994, not today, okay, but let's go back into
2 November 1994.

3 A. (Witness nodding head up and down.)

4 Q. Did you consider the visiting nursing staff to
5 be competent to assess a patient for the risk of a
6 pulmonary embolism?

7 A. As far as I know they're competent, I had no
8 reason to believe otherwise.

9 Q. Are you in any way critical of the visiting
10 nurses in the care and treatment of Mrs. Bruwier?

11 A. No, sir.

12 Q. Are you in any way critical of the emergency
13 department at Massillon Community Hospital regarding
14 their care and treatment of Mrs. Bruwier on the
15 12th?

16 A. No, sir.

17 Q. Do you have any statistical research that you
18 rely on as far as the mortality rate for an obese
19 person or people in regards to pulmonary embolism?

20 A. Offhand I don't. Basically when you talk
21 about deep venous thrombosis and pulmonary embolus
22 go hand in hand, one is the precursor usually of the
23 other one. Deep venous thrombosis is very common,
24 not necessarily clinical, but I would look for it
25 closely. But actually the mortality from pulmonary

1 embolus is probably higher than we think in the
2 literature, because, first of all, nowadays you
3 don't do many autopsies, they're either found at
4 autopsy without being suspected or --

5 Q. When comparing an obese person to another
6 patient, a new obese patient, there's an increased
7 mortality for pulmonary embolism in obese people?

8 A. I've never actually seen statistics saying
9 there's an increased mortality for pulmonary
10 embolus. There's an increased incident of deep
11 venous thrombosis.

12 Q. In obese people?

13 A. Yes.

14 Q. Which one is what you consider to be a
15 precursor?

16 A. Yes, all obese patients, however, do not get
17 pulmonary emboli.

18 Q. To your knowledge is there a higher mortality
19 of obese people from pulmonary embolism?

20 A. I'm not aware of that.

21 Q. Prior to Mrs. Bruwier coming to see you in
22 September of 1994 for initial assessment for surgery
23 what was her general state of health?

24 A. As far as I knew, she was able to do her daily
25 activities.

1 Q. Do you recall checking on her medical
2 history? Maybe you didn't. I don't know who filled
3 this out.

4 Do you know who fills out your medical history
5 form?

6 A. The patient does, sir.

7 Q. The patient fills that out?

8 A. Yes.

9 Q. Would this -- assuming that's Margie Bruwier's
10 handwriting --

11 A. Yes, she filled that out

12 Q. What did she state as far as her general
13 health?

14 A. Good.

15 Q. Do you feel that the pulmonary embolism that
16 developed in Mrs. Bruwier was preventable?

17 A. I honestly don't know. People still die from
18 pulmonary embolus even with treatment. In fact, my
19 mother died of it.

20 Q. I may have asked this, I'm going to try not to
21 repeat myself, on the loth, when Mr. and Mrs.
22 Bruwier were there, I believe you indicated that you
23 didn't not recall Mr. Bruwier saying anything to
24 you.

25 A. Oh, I know we conversed, I don't know what he

1 said.

2 Q. Specifically I asked you whether or not he had
3 voiced an objection to her going to the hospital and
4 you said you didn't know.

5 A. I don't remember him saying anything.

6 Q. Do you recall any of the conversation you had
7 with Mr. Bruwier during that office visit?

8 A. Not particularly, no, I don't. It was mainly
9 the patient was, you know, alert and coherent and
10 speaking between her and me.

11 Q. When you discussed with her the seriousness of
12 this pulmonary embolism and what your suggested care
13 and treatment was did Mr. Bruwier make any comments?

14 A. I honestly don't remember.

15 Q. Okay.

16 Was there anybody else in the room with you
17 and Mr. and Mrs. Bruwier at the time that you
18 discussed your suggested hospitalization?

19 A. No, sir.

20 Q. Okay.

21 A. This was -- well.

22 Q. Just one second, please.

23 (Pause.)

24 MR. OKEY: Doctor, I
25 believe that's all the questions I have.

1 Dick, did you want to ask him questions?

2 MR. REICHEL: I don't have
3 any questions.

4 MR. TREADON: We'll read.

5 We'll waive the seven-day requirement, I
6 assume?

7 MR. OKEY: Right.

8 (Thereupon, the deposition
9 was concluded at 12:55 p.m.)

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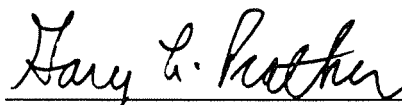
STATE OF OHIO,)
) SS:
COUNTY OF SUMMIT,)

I, Gary L. Prather, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within named witness, WALTER J. TELESZ, M.D., was by me first duly sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by him was by me reduced to Stenotypy in the presence of said witness, afterwards prepared and produced by means of computer-aided transcription and that the foregoing is a true and correct transcription of the testimony so given by him as aforesaid.

I do further certify that this deposition was taken at the time and place in the foregoing caption specified, and was completed without adjournment.

I do further certify that I am not a relative, counsel or attorney of any party, or otherwise interested in the event of this action.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Akron, Ohio, on this 30th day of May, 1995.



Gary L. Prather, Notary Public
in and for the State of Ohio.

My commission expires May 9, 1997.

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