                    IN THE COURT OF COMMON PLEAS

                        STARK COUNTY, OHIO

                            - - -

DANIEL C. BRUWIER,   )
et al.,   )
)
              Plaintiffs,   )
)
        vs.   ) Case No. 95-CV-01900
) Judge Sinclair
WALTER J. TELESZ, M.D.,   )
et al.,   )
)
              Defendants.   ) ORIGINAL

                            - - -

        Deposition of WALTER J. TELESZ, M.D., a

defendant herein, called by the plaintiff for cross-

examination pursuant to the Rules of Civil

Procedure, taken before me, Gary L. Prather, a

Notary Public in and for the State of Ohio, at the

Massillon Community Hospital, 875 Eighth Street,

Massillon, Ohio, on Tuesday, the 28th day of May

1996, at 11:57 a.m.

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APPEARANCES:

On Behalf of the Plaintiff:

     The Okey Law Firm

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

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

     Roetzel & Andress

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

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

     Buckingham, Doolittle & Burroughs

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

ALSO PRESENT:

     Janet Dunham

            - - -

1   of lawful age, a defendant herein, having been first

2   duly sworn, as hereinafter certified, testified and

3   said as follows:

4

5   CROSS-EXAMINATION

6   BY MR. OKEY:

7   Q   Doctor, for the record, would you please state

8   your full name?

9   A.   Walter J Telesz, M

10 Q   There is $1 your professional address.

11 A   2815 Hron Massillon, Ohio

12 Q   All right, sir.

13   MR OKEY: Let the record

14 reflect that this is the discovery deposition of

15 defendant Dr Telesz being taken as it was upon

16 cross-examination by the plaintiff had in and

17 pursuant to agreement of counsel

18   MR ...:   Correct

19 BY MR. OKEY:

20 Q.   Dr. Telesz, Mrs Bruxie as first referral to

21 you, believe from Dr Sanctis.

22 A.   Yes

23 Q.   And you first saw her on the 27th of September

24 '94?

25 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?

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 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?
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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

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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?

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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 loth, 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.)
   A.
23 Q.   -- weakness and fatigue --

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

25 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-1-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

9 signs and symptoms that she experienced to be

10 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 loth?

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.

15 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?

1   4   am, sir

2   CY   was that for the treatment of a diagnos

3   3   ...nous thrombosis?

4   A   No, it am cause she did not want to go to

5   the hospital

6   a   did she indicate her -- did she have an

7   o   Ajction to going to the hospital?

8   A.   Yes, sir.

9   Q   Did her hus and o Aject to her going to the

10   hospital?

11   A   I don't remember whether he did or not

12   a   did you order her to go to the hospital?

13   A   I can't say that I ordered her It am

14   recommend and a treatment I don't usually order

15   urd patients to do things

16   CY   3 all, did you consider this -- you had a Aig

17   concern of a pulmonary AEmbolism?

18   A   Yes, sir.

19   Q   Those are your terms?

20   401   Yes, sir.

21   3.43 hat's to A concern about a pulmonary

22   embolism?

23   A.   It can be a fatality.

24   a   It's life threatening?

25   A   Can A

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 loth, 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 loth?

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 loth?

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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1   C E R T I F I C A T E
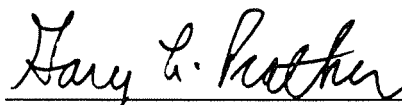
2   STATE OF OHIO,   )
)   SS:
3   COUNTY OF SUMMIT,)

4
            I, Gary L. Prather, a Notary Public within and
5   for the State of Ohio, duly commissioned and
     qualified, do hereby certify that the within named
6   witness, WALTER **J.** TELESZ, M.D., was by me first
     duly sworn to testify the truth, the whole truth and
7   nothing but the truth in the cause aforesaid; that
     the testimony then given by him was by me reduced to
8   Stenotypy in the presence of said witness,
     afterwards prepared and produced by means of
9   computer-aided transcription and that the foregoing
     is a true and correct transcription of the testimony
10   so given by him as aforesaid.

11
            I do further certify that this deposition was
12   taken at the time and place in the foregoing caption
     specified, and was completed without adjournment.
13

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

15
            IN WITNESS WHEREOF, I have hereunto set my
17   hand and affixed my seal of office at Akron, Ohio,
     on this 30th day of May, 1995.

18

19   _Gary L. Prather_
                       _____
20   Gary L. Prather, Notary Public
                       in and for the State of Ohio.
21
            My commission expires May 9, 1997.
22
                            - - -
23

24

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