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IN THE COURT OF COMMON PLEAS
 CUYAHOGA COUNTY, OHIO
 MARY ELLIOTT,
 Plaintiff,
 -vs- JUDGE SAFFOLD
 CASE NO. 395055
 DANIEL P. GOLDBERG, M.D.,
 et al.,
 Defendants.

Deposition of MARK D. WELLS, M.D., taken as if
 upon examination before Laura L. Ware, a Notary
 Public within and for the State of Ohio, at The
 Crystal Clinic, 3975 Embassy Parkway, Akron, Ohio,
 at 5:00 p.m. on Monday, June 26, 2000, pursuant to
 notice and/or stipulations of counsel, on behalf of
 the Plaintiff in this cause.

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APPEARANCES:

Mark W. Ruf, Esq.
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On behalf of the Plaintiff;

Stephen S. Crandall, Esq.
 Reminger & Reminger
 113 St. Clair Building
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On behalf of the Defendants
 University Plastic Surgery Associates
 and Daniel P. Goldberg, M.D.;

Steven J. Forbes, Esq.
 Moscarino & Treu
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 1422 Euclid Avenue
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On behalf of the Defendant
 David A. Branch, M.D.

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MARK D. WELLS, M.D., of lawful age, called
 by the Plaintiff for the purpose of examination, as
 provided by the Rules of Civil Procedure, being by
 me first duly sworn, as hereinafter certified,
 deposed and said as follows:

EXAMINATION OF MARK D. WELLS, M.D.

BY MR. RUF:

Q. Doctor, my name is Mark Ruf. I represent Mary
 Elliott in a lawsuit that's been brought against Dan
 Goldberg. I have a number of questions for you.

If at any time I ask you a question and you do
 not understand my question, please tell me. If you
 give me an answer to a question, I'll assume that
 you have understood the question. Okay?

A. Fine.

Q. Could you please state your name.

A. Mark Douglas Wells.

Q. And what is your professional address?

A. 3975 Embassy Parkway, Suite 203, Akron, Ohio,
 44333.

Q. And that's in Summit County?

A. Correct.

Q. Did you previously practice with University Plastic
 Surgery Associates, Inc.?

A. I did.

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Q. During what time period did you practice with them?

A. For approximately one year from October of 19 --
 let's see, October of 1999 to March of 2000. '98,
 sorry, a year, just over a year.

Q. So it would have been October of '98 through March
 of 2000?

A. Correct.

Q. Was Daniel Goldberg a physician in that group during
 that time period?

A. He was a physician already in the group before I
 started.

Q. Were you an employee of that group?

A. Yes.

Q. Did you have any type of partnership interest in
 that group?

A. No.

Q. During the time that you practiced with Dr. Goldberg
 in the group, were there other physicians that would
 provide coverage for him when he was out of town?

A. Dr. Edward Luce.

Q. Did you provide coverage for Dr. Goldberg when he
 was out of town?

A. I have.

Q. Other than you and Dr. Luce, were there any other
 physicians that provided coverage for Dr. Goldberg?

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- 1 A. Not that I'm aware of.
- 2 Q. And how would he go about receiving coverage from
- 3 either you or Dr. Luce, what procedure would be
- 4 followed?
- 5 A. It was variable. From time to time he would
- 6 generally call me up or speak with me in the
- 7 office.
- 8 Q. If you provided coverage for him, was it always
- 9 verbal or did he ever give you anything in writing?
- 10 A. Rarely he would write me something. We would
- 11 exchange e-mail on occasion when he was in England,
- 12 but generally speaking it was a verbal thing.
- 13 Q. Could you tell me what the importance is of having
- 14 coverage for when you leave town?
- 15 A. I think it's important for continuity of care.
- 16 Q. Why is it important for continuity of care?
- 17 A. Simply since the information would be given from one
- 18 group of physicians to another.
- 19 Q. Did he talk to you about Mary Elliott before he left
- 20 for Europe?
- 21 A. He did not.
- 22 Q. Dr. Goldberg left for Europe sometime around October
- 23 17th or 18th, 1998. Were you providing coverage for
- 24 him at that time?
- 25 A. Yes.

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- 1 Q. And what arrangements did he make with you to
- 2 provide coverage for him?
- 3 A. None.
- 4 Q. Did you perform surgery on Mary Elliott October
- 5 19th, 1998?
- 6 A. I did.
- 7 Q. Before performing surgery on her October 19th, 1998,
- 8 did you discuss Mary Elliott with Dr. Goldberg at
- 9 any time?
- 10 A. No.
- 11 Q. When was the first time that you met Mary Elliott?
- 12 A. The first I heard of Mary Elliott was at 6:00 in the
- 13 morning. I was awoken by a telephone call from the
- 14 residents at University Hospital informing me that a
- 15 patient had arrived from Solon with a hematoma in
- 16 her cheek, that this was Dr. Goldberg's patient, and
- 17 would I come down to help them evacuate the
- 18 hematoma.
- 19 Q. So you then traveled to the hospital?
- 20 A. Correct.
- 21 Q. And which hospital was that?
- 22 A. University Hospitals of Cleveland.
- 23 Q. Were you called because you were providing coverage
- 24 for Dr. Goldberg?
- 25 A. We do call a weekend at a time. It was my weekend

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- 1 to be on call.
- 2 Q. So you were on call for the entire group?
- 3 A. Right.
- 4 Q. What was Mary Elliott's condition when you saw her?
- 5 A. When she arrived, she was hypotensive, hypovolemic
- 6 from loss of blood. She had a large hematoma in her
- 7 cheek. By the time I had arrived, she had been
- 8 intubated in the emergency -- had been intubated,
- 9 I'm not sure whether it was in the emergency room or
- 10 OR, but had been intubated and was asleep on the
- 11 operating room table when I arrived.
- 12 Q. What is hypotensive in layman's terms?
- 13 A. Having a low blood pressure.
- 14 Q. Why did she have a low blood pressure?
- 15 A. Because of loss of blood.
- 16 Q. And what is hypovolemic in layman's terms?
- 17 A. Short of volume, of blood volume.
- 18 Q. Did she receive a transfusion?
- 19 A. She did.
- 20 Q. And was that due to loss of blood?
- 21 A. Yes, sir.
- 22 Q. Do you know how much blood she was given?
- 23 A. I don't recall.
- 24 Q. Was there any concern about airway compromise?
- 25 A. Well, any time there's swelling in the face, that is

8

- 1 a concern. And so people with hematomas often look
- 2 worse than they actually are. They have a large
- 3 swollen face that makes our anesthesia colleagues
- 4 very, very nervous. They intubate people with a
- 5 relatively low threshold. It's much easier to
- 6 secure an airway when you can control it than not
- 7 being able to control it at a later time.
- 8 Q. So she was intubated because of a concern of airway
- 9 compromise?
- 10 A. She was intubated for her operation.
- 11 Q. What happens when somebody is intubated?
- 12 A. A plastic endotracheal tube is inserted into their
- 13 trachea through their vocal cords, a balloon is
- 14 inflated and mechanical respiration is initiated
- 15 through that tube.
- 16 Q. Do you know how Mary Elliott got to University
- 17 Hospital?
- 18 A. From the records, it appeared she was life flighted
- 19 from Solon.
- 20 Q. Was she stable when you saw her?
- 21 A. Yes.
- 22 MR. RUF: Let's go off the record for
- 23 one second.
- 24
- 25 - - - -

9

1 (Thereupon, a discussion was had off
2 the record.)
3 - - - -
4 (Thereupon, Plaintiff's Wells Exhibits
5 3 and 4 were mark'd for purposes of identification.)
6 - - - -
7 Q. Doctor, I'm handing you what has been marked as
8 Exhibits 3 and 4. Can you please identify those
9 documents.
10 A. First document is titled discharge summary from
11 University Hospital. It's a discharge summary from
12 Mary Elliott for the dates that she was under my
13 care at University Hospital.
14 Q. And Exhibit 4 is page two of the discharge summary?
15 A. Correct.
16 Q. Was a history taken from Mary Elliott?
17 A. It had been taken by the residents in the emergency
18 room, yes.
19 Q. Did you review the history on 10-19-98?
20 A. I did.
21 Q. Could you tell me what history was taken?
22 A. The history was that Mrs. Elliott had undergone a
23 previous face lift procedure by Dr. Daniel Goldberg
24 approximately a week or so prior to this admission,
25 four or five days. She had gone to see Dr. Goldberg

10

1 prior to his departure from the country, and that
2 she had experienced some bleeding and was -- had
3 gone to Solon Hospital, they were concerned and sent
4 her to our institution.
5 Q. Could you read the second line of the history,
6 please.
7 A. The history or the physical exam?
8 Q. Yeah, could you?
9 A. This 70-year-old white female status post face lift
10 one week ago. She was complaining of facial
11 swelling and pain.
12 Q. Please continue.
13 A. For the last four days, worsening until October 19th
14 in the morning when the left side began to bleed
15 profusely. This was followed by syncope. Her
16 husband called 911, patient was taken to the
17 emergency room in Solon and life flighted to
18 University Hospitals.
19 Her allergies were none, her past medical
20 history included appendectomy, myocardial infarction
21 in 1996. Social history, the patient denies
22 smoking, she is a recovering alcoholic, she denies
23 ethanol use, her family history is negative for a
24 bleeding disorder, her review of systems was as
25 above.

11

1 Q. So Mary Elliott had given a history of facial
2 swelling and pain for a four-day period prior to
3 October 19th, 1998?
4 A. That's what the history says, yes.
5 Q. Did you take your own history?
6 A. No, but as I said, by the time I arrived she was
7 intubated and asleep in the operating room.
8 Q. So you relied on the history that was already
9 completed?
10 A. That's correct.
11 Q. Was a physical examination done on Mary Elliott?
12 A. Yes, sir.
13 Q. What did the physical examination reveal?
14 A. I can read for you, if you want.
15 Q. Sure, please.
16 A. The patient had right facial swelling, there was a
17 two centimeter opening anterior to the ear with
18 pulsatile bleeding, vital signs revealed a
19 temperature of 36, blood pressure was 178 over 61,
20 heart rate was 69, respirations were 20, her
21 saturation, is what they mean, is 90 percent on room
22 air, her pupils were equal and reactive to light,
23 she had left periorbital swelling and her eye was
24 closed.
25 The opening on the left preauricular area

12

1 showed an area of two centimeter opening with
2 pulsatile bleeding, there was a large hematoma, she
3 had edema of the left side of the face, her
4 sublingual area was intact, her tongue was in the
5 midline, heart rate was regular, and she had a
6 regular rhythm. Her lungs were clear bilaterally,
7 she could move all her extremities, she was awake
8 and alert and oriented. All her cranial nerves
9 appeared to be intact.
10 Q. Did you examine Mary Elliott's face before the
11 operation?
12 A. Not until I got to the operating room.
13 Q. Did you review the physical examination that had
14 already been done?
15 A. Yes.
16 Q. Did you examine her face in the operating room?
17 A. I did.
18 Q. What did you observe about her face in the operating
19 room?
20 A. She had a large hematoma in the left cheek, the
21 wound had previously been opened, and there was
22 significant swelling.
23 Q. Was there more swelling on the left than the right?
24 A. I believe her injury was on the -- which side were
25 we talking about here; was it the left or right?

13

1 MR. CRANDALL: Would you --
 2 A. It was left. The concern was on the left side, if I
 3 can remember correctly.
 4 Q. Under final diagnosis it says right facial
 5 hematoma.
 6 A. Okay. It must be a mistake. She had right facial
 7 swelling and a right hematoma.
 8 Q. Was there more swelling on one side of her face than
 9 the other side?
 10 A. The right.
 11 Q. So there was more swelling on the right side of her
 12 face than the left side?
 13 A. Right. Do you have the operating room, the notes?
 14 Left. Left. There's an error in the -- I was quite
 15 sure it was left.
 16 Q. Okay. So there's an error on Exhibits 3 and 4?
 17 A. Correct.
 18 Q. It reads right facial hematoma?
 19 A. It should be left.
 20 Q. Okay. It should be left.
 21 MR. RUF: Here, could I have the next
 22 one, Steve? Let's go off the record for a
 23 moment.
 24
 25 - - - -

14

1 (Thereupon, a discussion was had off
 2 the record.)
 3 - - - -
 4 (Thereupon, Plaintiff's Wells Exhibit 5
 5 was mark'd for purposes of identification.)
 6 - - - -
 7 Q. I'm handing you what's been marked as Exhibit 5.
 8 Could you please identify that document?
 9 A. Operative report for Mary Elliott dated 10-19-98.
 10 Q. And on the operative report, does it say which side
 11 of the face the hematoma is on?
 12 A. Left.
 13 Q. Do you know how long Mary Elliott had more swelling
 14 on the left side of the face than the right?
 15 A. No.
 16 Q. Now, under clinical note it's stated she has had
 17 increased swelling and bleeding consistent with a
 18 hematoma of the left cheek. Do you know where that
 19 information was obtained from?
 20 A. It was quite obvious at the operation.
 21 Q. Let me show you what was previously marked as
 22 Exhibits 1 and 2. Were those the areas of Mary
 23 Elliott's face that were bleeding at the time you
 24 saw her?
 25 A. Well, no. These are areas of subsequent skin loss

15

1 that occurred following her face lift procedure.
 2 This is what she looked like sometime after her
 3 hematoma had been evacuated and dressing changes had
 4 been initiated.
 5 Q. You saw her at a later time in the office after this
 6 operation, correct?
 7 A. I did.
 8 Q. When you saw her, did her condition look like
 9 Exhibits 1 and 2 at any time?
 10 A. It did some weeks following her procedure after we
 11 had removed the nonviable tissue from her cheeks and
 12 started dressing changes.
 13 Q. At the time you saw her on October 19th did she have
 14 any active bleeding from her face?
 15 A. Yes, she did.
 16 Q. Where was the active bleeding coming from?
 17 A. The bleeding, once we had evacuated the hematoma
 18 underneath her flap, deep underneath the confines of
 19 the flap there was a bleeding blood vessel in the
 20 region of the facial artery on the left side that
 21 appeared to be pulsatile bleeding coming from that
 22 area.
 23 Q. The note actually states you had a bleeding vessel
 24 which appeared to be the facial artery, correct?
 25 A. Yes.

16

1 Q. Do you know what the problem was with the facial
 2 artery, was there a hole in it, a tear?
 3 A. There was pulsatile bleeding coming from either a
 4 branch or from the side of the vessel, and so we
 5 suture ligated it.
 6 Q. Was it the facial artery or the branch of the facial
 7 artery that was actively bleeding under the platysma
 8 muscle?
 9 A. Anatomically the facial artery is under the
 10 platysma. The dissection that Dr. Goldberg had
 11 performed appeared to be preplatysmal, so the
 12 question is how did he get at the artery, and I'm
 13 not really sure whether this represented the artery
 14 or whether it was a branch of the artery. At any
 15 rate, it was in the region of the facial artery on
 16 the angular branch of the facial artery on the left
 17 side.
 18 Q. The operative report actually refers to the facial
 19 artery, correct?
 20 A. It said that there was a vessel in the region of the
 21 facial artery, if I'm not mistaken, which appeared
 22 to be the facial artery.
 23 Q. If doesn't refer to a branch of the facial artery,
 24 does it?
 25 A. It says it appeared to be the facial artery.

17

- 1 Q. Do you know what the size of the hematoma was that
2 was found?
3 A. Some hundred cc's of coagulated blood. It was not
4 specifically measured.
5 Q. Was that causing the swelling in her face?
6 A. Yes, sir.
7 Q. Was there old clotting or new clotting or both?
8 A. Both.
9 Q. Could you describe the process that was going on?
10 A. I don't understand what you're asking me.
11 Q. Well, why was there both new and old clotting?
12 A. Well, I suspect that, you know, given a history of a
13 sudden deterioration in her pain and swelling that
14 for some reason or another she had another episode
15 of bleeding underneath her skin.
16 Q. When you saw her in the operating room, what was the
17 condition of the skin flaps on her face?
18 A. There was some concern about the margins of the free
19 edges of the skin flap primarily in front of the ear
20 and behind the ear, as well there was a concern
21 about an area of marginal viability of skin directly
22 under the area of the facial artery where we had
23 seen the bleeding.
24 Q. And those are the areas shown in Plaintiff's
25 Exhibits 1 and 2?

18

- 1 A. They correspond to those areas, yes.
2 Q. When you saw her, did her skin appear to be
3 vascularly compromised?
4 A. In areas, yes.
5 Q. Does it take some time for that to occur?
6 A. It does.
7 Q. What did you decide to do with those areas of skin
8 that you were concerned about?
9 A. The usual management -- this is a well described
10 complication in face lifting, and the usual thing
11 that is written is to try to preserve as much skin
12 as possible to see if any of that skin will
13 recover. It's often difficult when skin has been
14 under pressure to determine ultimately whether it
15 will recover, so we elected to not debride any skin,
16 to evacuate the hematoma, tie off the bleeding blood
17 vessel, put a drain in and close.
18 Q. What is the difficulty that's caused by skin being
19 under pressure?
20 A. It creates an ischemic necrosis of the overlying
21 skin.
22 Q. Which means what, in layman's terms, it's not
23 getting enough blood?
24 A. Right.
25 Q. And is that the risk of leaving a hematoma

19

- 1 untreated?
2 A. It's -- it can be a direct -- I mean, there are
3 several causes of ischemic necrosis. That is one of
4 them.
5 Q. And when you talk about evacuating the hematoma,
6 what does that mean?
7 A. Letting out the organized blood clot from her cheek
8 and fresh bleeding from her cheek.
9 - - - -
10 (Thereupon, Plaintiff's Wells Exhibits
11 6 through 8 were mark'd for purposes of
12 identification.)
13 - - - -
14 Q. Doctor, I'm showing you what's been marked Exhibits
15 6 through 8. Could you please look at them and tell
16 me if any of those exhibits show the vessel that was
17 actively bleeding when you performed the surgery on
18 October 19th, 1998.
19 A. Yes.
20 Q. Here, let me give you a pencil. Could you circle
21 the area that was actively bleeding when you saw
22 her?
23 A. In that region.
24 Q. Okay. And could you put an initial.
25 A. (Complies.)

20

- 1 Q. And which exhibit is that, Doctor?
2 A. Seven.
3 Q. Do you know if there was a hole in the facial artery
4 or the facial artery was torn, or what was the
5 actual problem with the facial artery or one of its
6 branches?
7 A. As I said, we were -- you can imagine what we're
8 doing is we're lifting up the margins of somebody's
9 cheek flap and we're looking in a long cavity, and
10 all I can see is pulsatile bleeding from that area.
11 So there was a defect, either in a branch or in the
12 side wall of the vessel, which was bleeding. It was
13 my job to stop that bleeding, so I over sewed it.
14 Q. Is Exhibit 7 the best view of the area that was
15 actively bleeding?
16 A. These are progressive dissections through the face
17 at various different levels, some with the muscle
18 being present. The same artery is visible on
19 multiple views. If you would like me to circle
20 those, I would.
21 Q. Sure. I would appreciate that, Doctor.
22 A. (Complies.)
23 Q. You've circled those on Exhibits 6 and 8 and
24 initialed that, correct?
25 A. Right.

21

1 Q. Other than evacuation of the hematoma, did you
 2 provide any other treatment to Mary Elliott in the
 3 hospital?
 4 A. She was admitted because of the swelling of her
 5 face. It was elected to leave her intubated in the
 6 Intensive Care Unit, so I monitored during that
 7 phase. She was extubated uneventfully and went
 8 home.
 9 Q. How long did she remain in the hospital?
 10 A. I will have to refer to her notes. She was admitted
 11 on 10-19-98, discharged 10-21-98.
 12 Q. So she was in the hospital two days?
 13 A. Yes.
 14 Q. Did you follow up with Mary Elliott on October 27th,
 15 1998?
 16 A. I did.
 17 - - - -
 18 (Thereupon, Plaintiff's Wells Exhibits
 19 9 through 12 were mark'd for purposes of
 20 identification.)
 21 - - - -
 22 Q. Doctor, I've handed you what's been marked as
 23 Exhibit 9. Could you please identify that document?
 24 A. This is a progress note written in my handwriting
 25 and with my artistic rendition of Mrs. Elliott's

22

1 face dated 10-27-98.
 2 Q. So this is your documentation of the office visit
 3 10-27-98?
 4 A. Yes.
 5 Q. Could you please read into the record what it says?
 6 I have trouble with some of the writing.
 7 A. Okay. I find that hard to believe. But anyway,
 8 status post face lift, post hematoma. I have a
 9 drawing of the left side of the face, and I have
 10 indicated that there is some areas of full thickness
 11 eschar without pus.
 12 Q. Excuse me, what does that mean?
 13 A. Pus?
 14 Q. No, the eschar.
 15 A. Eschar is basically skin that has gone on to death,
 16 irreversible ischemia.
 17 Q. So in the area you've drawn the skin was dead at the
 18 time you saw her?
 19 A. Yes, sir.
 20 Q. What else does the note say?
 21 A. It shows where I had inserted a Penrose drain into
 22 the wound. It also shows another area of full
 23 thickness loss around the ear.
 24 Q. So that skin was dead as well?
 25 A. Yes, sir.

23

1 Q. Please continue.
 2 A. So I drew that -- a little diagram of the left side
 3 of her face. My analysis was that she had full
 4 thickness loss of that side of her cheek, and then I
 5 outlined my plan, which was P, this little short
 6 form where I perform a superficial debridement at
 7 the bedside of that nonviable tissue. I took
 8 cultures for bacteriological evaluation.
 9 I instructed her, her and her husband, on how
 10 to do dressing changes on this area with saline, and
 11 I started her on a prescription of synthetic
 12 penicillin, Dicloxacillin.
 13 Q. What is debridement?
 14 A. With a knife removed the nonviable tissue that was
 15 present.
 16 Q. So you actually removed the dead tissue during this
 17 office visit?
 18 A. Yes.
 19 Q. I'm handing you what's been marked as Exhibit 10.
 20 Could you please identify that document?
 21 A. I would suspect, if I was guessing, that this is
 22 this same visit dictated two days later by the
 23 dictation service essentially outlining exactly what
 24 I had described previously.
 25 Q. So it's a letter to Dr. Goldberg outlining your

24

1 findings during the office visit of 10-27-98?
 2 A. Yes, sir.
 3 Q. You didn't see her again on October 28th?
 4 A. No.
 5 Q. I'm handing you what's been marked as Exhibit 11.
 6 Would you please identify that document.
 7 A. Okay. It's the same, it's dated 10-29, status post
 8 face lift, debridement in the office, returns for
 9 follow up. I describe her wounds again, and I
 10 thought they looked somewhat better with her
 11 dressing changes, and that we would continue with
 12 dressing changes and arranged for home care for her
 13 dressing changes.
 14 Q. Now that you've had an opportunity to review that --
 15 A. I guess I did see her two days later. It's the
 16 same -- Exhibit Number 10 is basically my written
 17 form of my note from 10-29.
 18 Q. And then I'm handing you what's been marked as
 19 Exhibit 12. Would you please identify that
 20 document.
 21 A. Date, November 23rd, 1998, and again I am commenting
 22 on her wounds and how her -- just minimally
 23 debriding them and continuing with her dressing
 24 changes.
 25 Q. So you also cut away tissue in these follow-up

25

27

1 visits of 10-29-98 and November 23rd?
 2 A. Pretty much whenever she would show up there would
 3 be areas of tissue that were obviously not viable.
 4 There's no purpose to leave them, they simply act as
 5 a nidus of infection, so we remove them.
 6 Q. Do you perform face lifts yourself, Doctor?
 7 A. I am not a cosmetic surgeon.
 8 Q. So you do not perform face lifts?
 9 A. I have performed face lifts, I've taught face lifts,
 10 but as a general rule it is not my area of
 11 expertise.
 12 Q. Do you remember having any discussions with Mary
 13 Elliott with her husband Mike present?
 14 A. They were -- they both attended my clinic together,
 15 usually.
 16 Q. Do you remember telling Mike Elliott something to
 17 the effect that I'm just glad I'm not the one that
 18 missed the diagnosis?
 19 A. No.
 20 Q. Do you dispute that that happened --
 21 A. Yes.
 22 Q. -- or you just don't have a recollection? Did they
 23 ask you how this could have occurred or why this
 24 occurred?
 25 A. I don't recall.

26

1 Q. Do you remember giving them any type of explanation
 2 as to how or why this occurred?
 3 A. I would have. You know, in vague terms I remember
 4 telling them that this was due to a hematoma and
 5 that that's what had -- that there was a bleeding
 6 blood vessel that had been repaired and that our
 7 course should be one of conservatism, allowing the
 8 wounds to heal by secondary intention, and revising
 9 the scars at a later date.
 10 MR. RUF: Okay. Thank you, Doctor,
 11 that's all I have for now.
 12 MR. CRANDALL: Do you have any
 13 questions?
 14 MR. FORBES: No, I do not.
 15 MR. CRANDALL: Okay. We'll read this,
 16 please. I'll facilitate signature with the
 17 doctor as well. Could we have 30 days to
 18 complete the signature?
 19 MR. RUF: Well, let's go off the record
 20 one second.
 21 - - - -
 22 (Thereupon, a discussion was had off
 23 the record.)
 24 - - - -
 25 MARK D. WELLS, M.D.

CERTIFICATE

The State of Ohio,) SS:
 County of Cuyahoga.)

I, Laura L. Ware, a Notary Public within and
 for the State of Ohio, do hereby certify that the
 within named witness, MARK D. WELLS, 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 was reduced
 by me to stenotypy in the presence of said witness,
 subsequently transcribed into typewriting under my
 direction, and that the foregoing is a true and
 correct transcript of the testimony so given as
 aforesaid.

I do further certify that this deposition
 was taken at the time and place as specified in the
 foregoing caption, and that I am not a relative,
 counsel or attorney of either party or otherwise
 interested in the outcome of this action.

IN WITNESS WHEREOF, I have hereunto set my
 hand and affixed my seal of office at Cleveland,
 Ohio, this 30th day of June, 2000.

Laura L. Ware, Ware Reporting Service
 21860 Crossbeam Lane, Rocky River, Ohio 44116
 My commission expires May 17, 2003.

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