

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST : FINAL DECISION AND ORDER
:
LEONARD L. GO, M.D., :
RESPONDENT. : **ORDER 0001112**

Division of Enforcement Case No. 09 MED 140

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Leonard L. Go, M.D.
Pediatric Surgery
1313 Fish Hatchery Road
Madison, WI 53715

Wisconsin Medical Examining Board
Wisconsin Department of Safety and Professional Services
P.O. Box 8935
Madison, WI 53708-8935

Division of Enforcement
Wisconsin Department of Safety and Professional Services
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Leonard L. Go, M.D. (DOB July 5, 1964) is licensed and registered to practice medicine and surgery in the state of Wisconsin pursuant to license number 32290, which was first granted on July 1, 1991.

2. Respondent's most recent address on file with the Wisconsin Medical Examining Board is 1313 Fish Hatchery Road, Madison, WI 53715. During the following events, Respondent was employed as a general and pediatric surgeon in Madison, Wisconsin.

3. Patient A was diagnosed with hereditary spherocytosis. She was followed by her pediatrician who, having observed a progressive increase in the size of her spleen recommended, a splenectomy in 2007 when she was six years old. Patient A was referred to Respondent for the surgery and she and her mother had a pre-operative appointment with him on April 27, 2007. At the pre-operative appointment, Respondent told her mother that Patient A's petite size might make it difficult to perform the procedure laparoscopically. Patient A's mother was familiar with the procedure because in 2001, Respondent had performed a laparoscopic splenectomy on her son who had the same condition. She gave consent for Respondent to start Patient A's procedure laparoscopically and to convert it to an open procedure, if it was necessary to complete it. Patient A's splenectomy was scheduled for June 14, 2007 at St. Mary's Hospital.

4. Prior to the date of Patient A's procedure, Respondent decided to perform the morcellation of Patient A's spleen by using a Gynecare Morceller™ Tissue Morcellator (Morcellator). The Morcellator is used as follows:

The device is inserted into the patient with the use of an obturator. The device allows tissue to be grasped with a standard grasping instrument extended through its central lumen. The tissue can be drawn up inside the device's central lumen into the inner stationary sheath as the exposed blade cuts the tissue. The physician activates the device via a foot pedal or via a blade guard/activation trigger on the device's detachable pistol grip handle. The device can operate in either coring or peeling mode based on the degree of exposure of the blade and placement of the rotatable core guard.

5. Splenic removal with use of a Morcellator is described in the literature as a recognized method for removal of the spleen in pediatric patients. It is described as especially beneficial in pediatric patients with an enlarged spleen.

6. Respondent first discussed the technique of using a Morcellator for a splenectomy in a conversation with other surgeons at a surgical conference. Prior to Patient A's surgery, Respondent had not used a Morcellator previously. Before the surgery, Respondent believed the technique represented a safer option for this patient than the technique he had used previously. Respondent had come to this conclusion through the process of continuous self-evaluation of prior similar procedures over the course of more than 15 years, and after soliciting specific input and opinions from colleagues over the 10 years in his current practice. While Respondent had not used some of the instrumentation previously, he felt adequately prepared not only for the appropriate use, but also for the potential complications, which he knew included inadvertent injury to neighboring structures. Respondent was already experienced in the procedure, laparoscopic splenectomy, and this experience included previously assisting local colleagues in learning the technique. Respondent believed at the time that this represented the best surgical option for the treatment of this patient's disease. Prior to Patient A's surgery, Respondent had never used a Morcellator, nor received any formal training on its use.

7. On June 14, 2007, Respondent performed a three-port laparoscopic splenectomy on Patient A at St. Mary's.

a. After the spleen was freed of its attachments, Respondent inserted an Endopouch® Retriever™ specimen retrieval bag through a 10 mm portal in the left lower quadrant of the abdomen and placed the spleen inside the bag.

b. The bag is a disposable device used as a receptacle for the collection and extraction of tissue specimens during laparoscopic surgical procedures. It is made of polyurethane and has approximately the strength of a plastic baggy. The manufacturer's Essential Product Information sheet and package insert lists one contraindication for its use: "Do not use Morcellators with the ENDOPOUCH RETRIEVER."

c. The bag's handle was then detached and removed. By pulling on the bag's cinching string, it was brought up to the opening of the portal and only the open end of the bag was pulled through the incision. A person who was assisting Respondent kept the bag taut to the anterior abdominal wall by holding the exposed end. Neither the bag nor the spleen was held in place using any other method.

d. The Morcellator's manufacturer's literature recommends that an assistant with a second pair of grasping forceps or other fixation instrument help control tissue movement during morcellation. That was not done.

e. Respondent inserted the Morcellator through the portal and into the bag's opening and began to morcellate the spleen by removing cores of tissue from it. Because Respondent was coring rather than peeling tissue from the spleen, the Morcellator's depth guard, which prevents the removal of too much tissue, was off.

f. Respondent held the Morcellator in his left hand and was to hold it immobile. With his right hand, he had a blunt grasper, which was inserted through the Morcellator, and which was to be used to grasp and pull spleen tissue into the cutting edge of the Morcellator's blade.

g. During the procedure, an opening in the retrieval bag was discovered and Respondent immediately converted the procedure into an open laparotomy. Another surgeon was called in to assist. Upon enlargement of the incision, a significant amount of blood was discovered and Patient A became bradycardic and hypotensive. Bleeding was discovered to be coming from the infra-renal aorta, which was clamped. A cardiovascular surgeon was also called in and assisted in the repair. The small bowel, aorta and inferior vena cava were also injured. It is presumed that the Morcellator was advanced into the abdomen or anatomical parts were pulled into the Morcellator's cutting edge with the grasper and caused injury.

h. Patient A was transferred to the Pediatric Intensive Care Unit in critical but stable condition. Patient A's principal diagnosis was anoxic brain injury secondary to hemorrhage-associated hypoperfusion.

8. Patient A suffered a permanent brain injury.

9. Respondent has not used a Morcellator since the incident, and will not use a Morcellator for future surgeries. Nothing in this Final Decision and Order should be construed as a limitation of Respondent's license.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction, pursuant to Wis. Stat. § 448.02(3), and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. Respondent, by engaging in the conduct set forth above, has violated Wis. Admin. Code § Med 10.02(2)(h) and is subject to discipline pursuant to Wis. Stat. § 448.02(3).

ORDER

1. Respondent, Leonard L. Go, M.D., is hereby REPRIMANDED for the above conduct.

2. Respondent shall, within sixty days from the date of this Order, pay costs of this proceeding in the amount of ONE THOUSAND EIGHT HUNDRED dollars (\$1,800.00) to the Wisconsin Department of Safety and Professional Services.

3. Requests, proofs and payment shall be sent to:

Department Monitor
Department of Safety and Professional Services
Division of Enforcement
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935
Fax (608) 266-2264
Telephone (608) 267-3817

4. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to timely submit payment of the costs as set forth above, the Respondent's license may, in the discretion of the board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with payment of the costs.

