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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST	:	FINAL DECISION AND ORDER
ANATOL STANKEVYCH, M.D., RESPONDENT.	:	ORDER 0002054

Division of Enforcement Case Nos. 11MED231, 11MED203

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

Anatol Stankevych, M.D.
923 Eliza Street
Green Bay, WI 54301

Division of Enforcement
Department of Safety and Professional Services
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Wisconsin Medical Examining Board
Department of Safety and Professional Services
1400 East Washington Avenue
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 Medical Examining 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. Anatol Stankevych, M.D., Respondent (D.O.B. April 12, 1947), is licensed and currently registered by the Wisconsin Medical Examining Board to practice medicine and surgery in the state of Wisconsin pursuant to license number 23258-20, which was first granted on July 11, 1980. Respondent specializes in the field of ophthalmology.

2. Respondent's last address reported to the Department of Safety and Professional Services is 923 Eliza Street, Green Bay, Wisconsin 54301.

ALLEGATIONS RELATING TO PATIENT R (11MED203)

3. On August 20, 2003, Patient R, a 75 year old male with a history of cataracts, initially presented to Respondent in consultation for evaluation and possible cataract extraction and trabeculectomy (procedure that removes part of the trabeculum in the eye to relieve pressure caused by glaucoma). On that date, Patient R's intraocular pressures were 18/16 mmHg and his vision was 20/50+ in the right eye and 20/50 in the left eye. Respondent failed to adequately document the anterior chamber depth for either eye.

4. On June 8, 2004, Patient R presented to Respondent at which time he reported decreased visual acuity in his left eye while reading. Visual acuity testing on that date showed 20/60- in the right eye and 20/60+ in the left eye and intraocular pressures were 14/14 mmHg.

5. On July 26, 2004, Patient R presented to Respondent for right cataract surgery with trabeculectomy which Respondent performed on that date. Respondent noted that the procedure "went well".

6. On December 1, 2004, Patient R presented to Respondent and underwent visual field testing which showed minimal glaucomatous change on the right and significant glaucomatous change on the left.

7. On April 27, 2005, Patient R presented to Respondent reporting decreased visual acuity in his left eye. Examination revealed Patient R's intraocular pressures were 15/18 mmHg and his vision was 20/30-2 in the right eye and 20/80-2 in the left eye. Respondent failed to adequately document a description of the left lens or of the severity or changes in the cataract.

8. On May 2, 2005, Patient R presented to Respondent for left cataract surgery and traveculectomy which Respondent performed on that date.

9. On May 3, 2005, Patient R presented to Respondent for follow up on the left cataract/trabeculectomy procedure. Respondent noted that the procedure "went well". Respondent's notes from that date are largely illegible and he fails to document any information about the bleb from the trabeculectomy.

10. On December 22, 2005, Patient R presented to Respondent with a primary complaint of cloudy vision and unhappiness with his vision. Examination revealed Patient R's intraocular pressures were 15/14 mmHg and his vision was 20/60-1 in the right eye and 20/60-1 in the left eye. Patient R underwent visual field testing on that date which showed progressive glaucomatous change in the right eye and improved inferior visual field and progressive superior visual field loss on the left. Respondent's documentation of other exam information on that date is partially illegible.

12. In 2006, Respondent failed to perform any visual field testing on Patient R, a routinely utilized procedure in assessing glaucoma.

13. On March 8, 2007, Patient R presented to Respondent. Examination revealed that Patient R's intraocular pressures were 16/18 mmHg and his vision was 20/30-2 in the right eye and 20/70-1 in the left eye. Patient R underwent visual field testing on that date which showed likely stable changes.

14. On November 29, 2007, Patient R presented to Respondent. Respondent's examination notes on that date are largely illegible, however it appears that his vision was 20/40- in the right eye and 20/100- in the left eye. Respondent diagnosed central retinal artery occlusion ("CRAO") on that date.

15. On June 4, 2008, Patient R presented to Respondent. Examination revealed Patient R's intraocular pressures were 16/38 mmHg and his vision was 20/30- in the right eye and 20/400 in the left eye. Respondent's documentation of other exam information on that date is partially illegible. Respondent failed to refer Patient R to a glaucoma specialist on this date.

16. On June 19, 2008, Patient R underwent visual field testing at Respondent's office which showed an abnormally high sensitivity on the right and significant visual field loss consistent with primary open angle glaucoma and CRAO. Respondent failed to perform another visual field test until September 2, 2009.

17. On September 2, 2009, Patient R underwent visual field testing at Respondent's office which showed low test reliability but within normal limits on the right and marked visual field loss on the left (low test reliability). Respondent failed to perform another visual field test until October 5, 2010.

18. Respondent's conduct in his treatment of Patient R was below the minimum standards for the profession in the following respects: 1) Respondent failed to perform and document an adequate physical examination of either of Patient R's eyes via gonioscopy on August 20, 2003; 2) he failed to adequately describe the lens and cataract in Patient R's eye on April 27, 2005; 3) Respondent's medical records were either incomplete or partially illegible on April 27, May 3 and December 22, 2005; 4) he failed to perform more frequent visual field tests in 2005-2007 in Patient R who was a known glaucoma patient; 5) he failed to refer Patient R to a glaucoma specialist on June 4, 2008; 6) he failed to perform a visual field test from June 19, 2008 until September 2, 2009; and 7) he failed to perform a visual field test from the September 2, 2009 test until October 5, 2010.

ALLEGATIONS RELATING TO PATIENT E (11MED231)

19. Patient E began treating with Respondent in 1995.

20. In August of 2002, Respondent diagnosed Patient E with CRAO in her right eye.

21. On April 12, 2007, Patient E's vision in her right eye was limited to seeing hand motion and the vision in her left eye was 20/30+2.

22. On November 29, 2007, Patient E, then 81 years old, presented to Respondent at which time her vision in her right eye was limited to seeing hand motion and was 20/40-1 in her left eye. Respondent's notes from that office visit are partially illegible.

23. On June 9, 2009, Patient E presented to Respondent at which time her vision in her right eye was limited to seeing hand motion and was 20/40-2 in her left eye. Respondent's notes from that office visit are partially illegible.

24. On November 30, 2010, Patient E presented to Respondent at which time her vision in her right eye was limited to seeing hand motion and was 20/50+ in her left eye. Her intraocular pressures were 17/17 mmHg (normal) and her cup/disc ratio was .4/.4 (normal). Respondent failed to adequately describe the cataract in her right eye.

25. On January 17, 2011, Patient E presented to Respondent at which time Respondent performed a phacoemulsification procedure (cataract surgery) and a trabeculectomy procedure on Patient E's right eye. The glaucoma procedure was not indicated based on Patient E's history of CRAO, the lack of a description of the cataract, intraocular pressures and cup/disc ratios.

26. On March 7, 2011, Patient E presented to Respondent at which time her vision in her left eye was 20/50 in her left eye. Her left intraocular pressure was 16 (normal) and her left cup/disc ratio was .4 (normal). On that date, Respondent performed a phacoemulsification procedure and a trabeculectomy procedure on Patient E's left eye. The glaucoma procedure was not indicated based on Patient E's intraocular pressure and cup/disc ratio in her left eye. Furthermore, the last visual field testing on the left eye was on March 24, 2010 and was not consistent with the need for glaucoma surgery. In addition, Respondent's operative note indicates that he performed a sclerotomy (creating an opening in the sclera to relieve pressure from glaucoma) which is inconsistent with performance of a trabeculectomy procedure. Intraoperatively, a large posterior capsular tear occurred however, Respondent did not document that lens material had fallen in the back of the patient's eye at that time.

27. On March 8, 2011, Patient E presented to Respondent for follow up on her surgeries complaining of pain in her left eye. Examination revealed that the intraocular pressure in her left eye was 39 mmHg. Respondent failed to document that Patient E had lens material in her eye from the posterior capsular tear.

28. On March 23, 2011, Patient E presented to a different ophthalmologist who noted that her intraocular pressure was dangerously high at 54 mmHg. He immediately treated her to reduce the eye pressure to 30 mmHg and referred her to a retina specialist.

29. On March 24, 2011, Patient E presented to the retina specialist who performed a posterior vitrectomy and removed the material from the back of her eye.

30. Respondent's conduct in his treatment of Patient E was below the minimum standards for the profession in the following respects: 1) Respondent performed a phacoemulsification procedure and a trabeculectomy procedure which were not indicated based on Patient E's intraocular pressures, visual field tests and cup to disc ratios; 2) Respondent's medical records were either partially illegible on November 29, 2007 and June 9, 2009; 3) Respondent performed a phacoemulsification procedure and trabeculectomy procedure on Patient E's left eye on March 7, 2011 which was not indicated; 4) Respondent noted that he performed a sclerotomy procedure on Patient E's left eye on March 7, 2011 which is inconsistent with performing a trabeculectomy procedure; and 5) Respondent failed to detect that Patient E had retained lens material in her eye following the March 7 procedure and failed to timely refer her to a specialist.

31. In 2011, Respondent sustained a significant injury to his hand in a slip and fall accident which prevents him from performing any surgical procedures. He has not performed surgery since the injury occurred.

32. Respondent attended and completed 82 hours of continuing medical education credit at the Illinois Eye Review held on March 17-23, 2012, in Chicago, Illinois, which included courses devoted to glaucoma, ocular pathology, optics, cornea, uveitis, neuro-opthalmology, and ocular oncology.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction over this matter pursuant to Wis. Stat. § 448.02(3) and authority to enter into this stipulated resolution of this matter pursuant to Wis. Stat. § 227.44(5).

2. Respondent, by engaging in any practice or conduct that tends to constitute a danger to the health, welfare, or safety of the patient or public, has committed unprofessional conduct as defined by Wis. Admin. Code § Med 10.02(2)(h), and is subject to discipline pursuant to Wis. Stat. § 448.02(3).

ORDER

IT IS HEREBY ORDERED that:

1. The attached Stipulation of the parties is accepted.

2. Anatol Stankevych, M.D., Respondent is hereby REPRIMANDED for the above conduct.

3. The Board recognizes the aforementioned continuing medical education courses as the equivalent of the education the Board would have otherwise required Respondent to take regarding the evaluation and treatment of glaucoma.

4. The license of Anatol Stankevych, M.D., is hereby LIMITED with the following terms and conditions:

a. Respondent shall not apply any of the hours of education completed to satisfy the terms of this Order toward the biennial training required under Wis. Stat. § 448.13.

b. Respondent shall not perform any surgical procedures due to his hand injury unless and until further order of the Board on petition of the Respondent demonstrating that he is able to do so within the minimum standards of competence established in the profession and upon such terms and conditions as the Board may, in its discretion, require.

5. Respondent shall, within 90 days of this Order, pay costs of this proceeding in the amount of ONE THOUSAND TWO HUNDRED ($1,200.00) dollars. Payment shall be made to the Wisconsin Department of Safety and Professional Services, and mailed to:

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

6. Violation of any 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 or fails to comply with the ordered continuing education as ordered, the Respondent's license (No. 23258-20) 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 and completion of the continuing education.

7. This Order is effective on the date of its signing.

Wisconsin Medical Examining Board

By: _____ 9/19/12
A Member of the Board Date