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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY	:	
PROCEEDINGS AGAINST	:	FINAL DECISION AND ORDER
	:	
LALE D. COWGILL, M.D.,	:	ORDER 0000062
RESPONDENT.	:	

Division of Enforcement Case No. 06 MED 399

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

Lale D. Cowgill, M.D.
Dean Clinic
1313 Fish Hatchery Road
Madison, WI 53715

Wisconsin Medical Examining Board
P.O. Box 8935
Madison, WI 53708-8935

Wisconsin Department of Regulation and Licensing
Division of Enforcement
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 in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Lale D. Cowgill, M.D. (DOB December 8, 1945) is duly licensed and currently registered to practice medicine and surgery in the state of Wisconsin under license number 27185-20. This license was first granted on October 25, 1985.
2. Respondent's most recent address on file with the Wisconsin Medical Examining Board is Dean Clinic, 1313 Fish Hatchery Road, Madison, Wisconsin 53715.

3. While not admitting the allegations, in the interest of resolving this matter, Respondent consents to the entry of the following Findings of Fact, Conclusions of Law and Order.
4. On or about February 23, 2005, Patient FI, a 74 year old male with a history of coronary artery disease, was admitted to St. Mary's Hospital Medical Center in Madison, Wisconsin with a myocardial infarction.
5. On or about February 27, 2005, following the infarction, Patient FI was taken to the operating room in stable condition where Respondent performed a 4-vessel coronary artery revascularization. As part of this procedure, Respondent performed a radial artery endoscopic harvest from the patient's left forearm.
6. Following the procedure, Patient FI developed swelling of his left forearm. At approximately 1600 on February 28, Patient FI complained of significant pain to his left hand and forearm. Upon examination by the nursing staff, the forearm was noted to be swollen and taut. The Doppler ulnar pulse was positive and the palmar pulse quiet. Patient FI's sensation and mobility were decreased on the fingertips. The hand was noted to be warm. Respondent gave instructions to keep the arm elevated and unbandaged, since some swelling is not unexpected. Respondent intended to reevaluate the arm the following morning when the swelling decreased. At 1800, nurses' notes reflected slight improvement in sensation and movement of the left upper extremity.
7. The following morning, March 1, at 0730, Respondent reassessed the left arm. Ecchymosis was noted to the forearm and palm and there appeared to be a hematoma in the area of the endoscopic incision. Respondent performed a bedside hematoma evacuation under local anesthesia and dark blood was evacuated with no active bleeding, so it did not appear to be arterial in nature. Patient FI's hand function at that time appeared to be preserved.
8. At 0945 on March 1, Patient FI's left hand showed increased ecchymosis and the nurse was unable to obtain Doppler palmar and ulnar pulses. Patient FI was unable to move his fingers. Respondent was notified of the change and scheduled a re-exploration surgery for 1600 that day following completion of another scheduled surgery on a critically ill patient. Respondent's physician assistant came to see the patient and the vascular lab performed a study in anticipation of the re-exploration.
9. At 1520 on March 1, while he was in the operating room, Respondent was notified of a decreased blood flow and mottling of the patient's left arm. Respondent was involved in another complex surgery at that time and indicated he would complete the current surgery and then perform the re-exploration on Patient FI as soon as he was able.
10. At 1830 on March 1, the re-exploration was performed and the Patient was found to have been bleeding from the stump of the radial artery. Hemostasis was achieved and Doppler signals in the ulnar artery and palmar arch were noted and hand color improved.
11. On or about March 11, 2005, Patient FI developed loss of Doppler signals in the ulnar

artery and palmar arch. Respondent performed a left brachial and ulnar artery thrombectomy with removal of a small amount of thrombus. Debridement of the left forearm musculature was also performed as it appeared to be necrotic in several areas.

12. Patient FI's wound slowly worsened and on March 12, 2005 a plastic surgery consultation was obtained. The plastic surgeon returned Patient FI to surgery on March 14, 2005 and did additional forearm wound debridement. It appeared that Patient FI was progressively at risk for limb loss given the severity of the compartment syndrome with muscle necrosis. An orthopedic surgeon was consulted and it was agreed that the Patient FI's prognosis for a left forearm recovery was unlikely and amputation of the arm was recommended. A left elbow disarticulation and primary stump closure were performed by the orthopedic surgeon on March 20, 2005.

13. Respondent did not detect the patient's compartment syndrome of the arm as soon as he would have liked. Respondent believes that when he initially evacuated the patient's hematoma, there was no evidence of active arterial bleeding. Respondent had performed over a thousand radial artery harvests and had not previously been confronted with a compartment syndrome of the arm. He believes that this may have contributed to the timing of the diagnosis.

14. Respondent has implemented measures since the incident to ensure that if he is engaged in another urgent surgery, other colleagues will be available to consult if this type of situation arises in the future.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction to act in this matter, 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's conduct in failing to more promptly diagnose patient FI's compartment syndrome is a violation of Wis. Stats. § 448.02 (3) and Wis. Admin. Code § Med 10.02(2) (h).

ORDER

IT IS HEREBY ORDERED that the stipulation of the parties is approved.

IT IS FURTHER ORDERED that Lale D. Cowgill, M.D., is LIMITED as follows:

1. Within 9 months of the date of this Final Decision and Order, Respondent shall take and complete 6 hours of continuing education in the diagnosis and treatment of post operative complications of vascular surgery, including the diagnosis and treatment of compartment syndrome. The course or courses attended in satisfaction of this Order must be pre-approved by the Medical Examining Board or its designee. Respondent will be responsible for locating a

course or courses satisfactory to the Medical Examining Board and for obtaining the required approval of the course or courses from the Medical Examining Board or its designee. Respondent will within 30 days of completion of this educational requirement, file an affidavit with the Medical Examining Board stating under oath that he has attended in its entirety the course approved for satisfaction of this requirement along with supporting documentation of attendance from the sponsoring organization. Requests for preapproval, the affidavit of attendance and the supporting documentation of attendance will be filed with:

Department Monitor
Department of Regulation and Licensing
Division of Enforcement
1400 East Washington Avenue
P.O. Box 8935
Madison, Wisconsin 53708-8935

All certifications, affidavits or other documents required to be filed with the Medical Examining Board will be deemed filed upon receipt by the Department Monitor.

2. Respondent will be responsible for paying the full cost of attendance at this course. Respondent will not apply any of the continuing education credits earned in satisfaction of this Order toward satisfaction of the Wis. Stat. § 448.13 biennial training requirements.

IT IS FURTHER ORDERED that:

3. Respondent shall, within sixty (60) days from the date of this Order, pay costs of this proceeding in the amount of one thousand eight hundred fourteen (\$1814.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing and mailed to the Department Monitor at the address provided above.

4. In the event Respondent fails to timely pay costs as ordered or fails to comply with the ordered continuing education, Respondent's license (#27185-20) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order. The Board in its discretion may impose additional conditions and limitations for a violation of any of the terms of this Order.

5. Respondent is responsible for compliance with all of the terms and conditions of this Final Decision and Order.

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

MEDICAL EXAMINING BOARD

By:



A Member of the Board

2/17/10

Date