

## WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN  
BEFORE THE MEDICAL EXAMINING BOARD

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IN THE MATTER OF THE DISCIPLINARY	:	
PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MICHAEL WEST, M.D.,	:	
RESPONDENT.	:	ORDER 0001492

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Division of Enforcement Case No. 10MED147

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

Michael West, M.D.  
1501 N. Briarcliff Drive  
Appleton, WI 54915

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

Wisconsin Medical Examining Board  
Department of Safety & 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 in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Michael West, M.D., Respondent, date of birth August 12, 1953, 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 23300-20, which was first granted July 11, 1980.

2. Respondent's last address reported to the Department of Safety & Professional Services is 1501 N. Briarcliff Drive, Appleton, WI 54915.

3. At the time of the events set forth below, Respondent's practice specialty was Obstetrics and Gynecology.

4. At the time of the events set forth below, Respondent was employed as a physician by Women's Health Specialists and he practiced at Shawano Medical Center in Shawano, Wisconsin.

5. In 2006, Respondent saw the patient, a 48 year old female, for evaluation of complaints of a very heavy menses that made it hard for her to work. The sonohysterogram was normal. Respondent recommended a total hysterectomy without bladder repair, to which the patient consented.

6. On June 16, 2006, the patient underwent a Total Vaginal Hysterectomy (TVH) surgery at the Shawano Medical Center. The operative report did not indicate any shortening of the vagina.

7. Between July 14, 2006 and May 2007, the patient saw the Respondent on numerous occasions complaining periodically of post-coital bleeding and painful intercourse.

8. On two separate occasions Respondent noted areas of granulated tissue which he treated with silver nitrate.

9. On May 4, 2007, during a vaginal examination of the patient, Respondent noted the vaginal mucosa was very friable and that the speculum caused bleeding. Respondent further noted a very tender area at the apex of the vagina and prescribed an estrogen supplement.

10. Between May 11, 2007 and May 9, 2008 Respondent treated the patient for vaginitis with estrogen supplements and topical estrogen. Respondent also performed a vaginal biopsy to rule out Bechet's Syndrome on May 25, 2007.

11. On May 9, 2008, Respondent performed an annual exam and the patient was again experiencing bleeding and pain with intercourse. Respondent noted no tenderness of the external genitalia and that the vagina seemed to be atrophic with marked tenderness. Respondent considered the possibility of adhesions and recommended laparoscopy.

12. On May 23, 2008, Respondent performed a laparoscopy and noted an adhesion between the small bowel, large bowel and vaginal vault. The adhesion was taken down using both sharp and blunt dissection and intercede was placed to try to prevent recurrence of adhesions. As of May 29, 2008, Respondent noted that oral Premarin significantly decreased vaginal bleeding but not the patient's complaints of pain with intercourse.

13. On October 24, 2008, Respondent noted for the first time on examination that the patient's vagina was actually shortened to a length of two to three inches with vaginal synechia on the top. Respondent advised the patient to continue using vaginal estrogen and to follow-up with him in a month. It is Respondent's position that as of October 24, 2008, Vaginal Premarin with applicator was added to the treatment regimen and the patient noted an improvement with regard to the pain with intercourse.

14. On November 28, 2008, Respondent noted more depth to the vagina and less tenderness. The patient was told to continue on estrogen cream and again follow-up with Respondent in one month. Although Respondent did not feel the patient had a typical course for atrophic vaginitis since the onset was sudden, he believed that the treatment should be continued since the patient was showing improvement. It is Respondent's position that as of December 26, 2008, the patient reported being very pleased with her course of care and that she had experienced successful intercourse having used the vaginal estrogen with applicator for the prior two months.

15. On May 8, 2009, the patient presented for her annual exam and complained about having pain with intercourse, vaginal bleeding and some stress incontinence. During the pelvic examination Respondent noted the patient's vagina to be well supported with some scarring at the apex. He further noted the vagina to be shortened, possibly from the hysterectomy. Respondent recommended an ultrasound and further surgery to open the vaginal apex.

16. On May 26, 2009, Respondent performed a laparoscopic guided lysis of vaginal adhesions under general anesthesia on the patient. There were several areas of blood clots over the peritoneal surface and these were removed and sent to pathology for diagnosis. There were no other adhesions found around the vaginal vault. Respondent bluntly dissected the vagina to its appropriate depth, coated sterile gauze in estrogen and inserted the gauze into the vagina.

17. Respondent saw the patient on May 29 2009, at a post operative visit at which time he prescribed Amoxicillin in the event an infection was present.

18. On September 9, 2009, the patient consulted another ob/gyn on referral from her primary care physician. The patient's complaints included severe pain with intercourse, pain to the upper part of the vagina and bleeding. She also noted use of estrogen cream with no relief of symptoms.

19. The secondary treating ob/gyn noted that the patient had a severely adhered foreshortened vagina and that it was unknown if vaginal length was present behind the adhesions or whether the vagina was surgically foreshortened. He felt the agglutination may have occurred from the silver nitrate and that it could be reopened.

20. An MRI performed on October 8, 2009, revealed a foreshortened vagina to 1.5cm in length distal to the narrowing.

21. On October 14, 2009, the secondary treating ob/gyn recommended the use of a soft vaginal dilator secondary to constriction of the vagina at the fornix, along with continued use of the estrogen cream.

22. The patient was subsequently informed that reconstructive surgery was probably the only remaining option based on what he believed was a surgically foreshortened vagina. The patient declined the surgery since there was no guarantee that it would be successful.

23. Respondent's conduct as herein described tended to constitute a danger to the health, welfare and safety of the patient. In the following respects:

- a. Respondent failed to recognize the foreshortened vagina in a timely manner.
- b. Respondent failed to utilize vaginal dilators and pelvic floor exercises prior to proceeding to surgery on May 26, 2009.
- c. Respondent failed to utilize exercises and dilators post surgically to maintain the vaginal extension.
- d. Respondent failed to advise the patient of the possibility of referral to a pelvic floor specialist and/ or urogynecologist .

24. Respondent's conduct created the following unacceptable risks to the patient:

- a. Respondent's failure to recognize the foreshortened vagina in a timely manner delayed appropriate treatment of the patient's condition.
- b. Respondent's failure to utilize vaginal dilators and pelvic floor exercises prior to proceeding to surgery on May 26, 2009, prevented possible resolution of the patient's condition without surgery.
- c. Respondent's failure to utilize exercises and dilators post the May 26, 2009 surgery created the risk that the vaginal extension would not be maintained.
- d. Respondent's failure to refer the patient to a pelvic floor specialist and/ or urogynecologist created the risk that the patient would not receive additional information and/or procedures which the specialist could have performed to correct the patient's condition.

25. Respondent has cooperated fully throughout this investigation and his agreement to this resolution is evidence of his commitment to practice medicine in a safe and effective manner.

### 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's conduct as set forth in paragraphs 23 and 24 of the Findings of Fact is a violation of Wis. Stat. § 448.02(3) and Wis. Admin. Code § MED 10.02(2)(h).

### ORDER

NOW THEREFORE IT IS ORDERED that the Stipulation of the parties is hereby accepted.

IT IS FURTHER ORDERED that Michael West, M.D. (Respondent) is hereby REPRIMANDED by the Medical Examining Board (Board).

IT IS FURTHER ORDERED that the license of Michael West, M.D. to practice medicine and surgery in the State of Wisconsin limited with the following restrictions:

1. Respondent will, within 6 months of the date of this Final Decision and Order, successfully complete 4 hours of continuing education in the diagnosis and treatment of post surgical complication of a total vaginal hysterectomy with an emphasis on the recognition and treatment, including referral of a foreshortened vagina. In the alternative, Respondent may participate in a one and one session/s with a board certified pelvic floor specialist, urogynecologist, or other physician with training and experience in these areas, for a total of four hours of discussion and review. This individual shall be preapproved by the Board and shall provide the Board with a copy of the proposed plan of study. If this option is chosen, the review shall consist of the following:

- a. Selected literature regarding the subject matter identified above.
- b. Meetings to discuss the results of that review
- c. Meetings to discuss specific case examples, the appropriate diagnosis and treatment of complication of total vaginal hysterectomies with the majority of the time spent on discussion of the recognition and appropriate treatment for a foreshortened vagina.

Within thirty days of completion of the education, the approved individual conducting the review shall submit a detailed report to the Board identifying the material reviewed, the specifics of the discussion of the review, the case examples used and the results of the review, including an opinion from the approved individual regarding the Respondent's knowledge of the subject following the education. It is Respondent's obligation to ensure that the report is provided when due.

2. The course attended in satisfaction of this Order must be preapproved by the

Medical Examining Board or its designee.

3. Respondent will be responsible for locating a course satisfactory to the Medical Examining Board and for obtaining the required approval of the course from the Medical Examining Board or its designee.

4. 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. This affidavit and the supporting documentation of attendance will be filed with:

Department Monitor  
Department of Safety & Professional Services  
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.

5. Respondent, will be responsible for paying the full cost of attendance at these courses or the one on one sessions with the approved individual.

6. Respondent may not apply any of the continuing education credits earned in satisfaction of this Order toward satisfaction of his Wis. Stat. § 448.13, biennial training requirements.

7. In the event Respondent is unable, after substantial good faith effort, to locate a course/s or one on one session that meets these requirements, is approved by the Board, and which can be completed within the six month period from the date of this Order, Respondent may petition the Board for a reasonable extension of time. It is in the sole discretion of the Board to determine if sufficient attempts were made and to grant that extension.

IT IS FURTHER ORDERED that Respondent shall, within 90 days of this Order, pay costs of this proceeding in the amount of one thousand four hundred and thirty seven (\$1,437.00) dollars. Payment shall be made to the Wisconsin Department of Safety & Professional Services, and mailed to the Department Monitor at the address noted above.

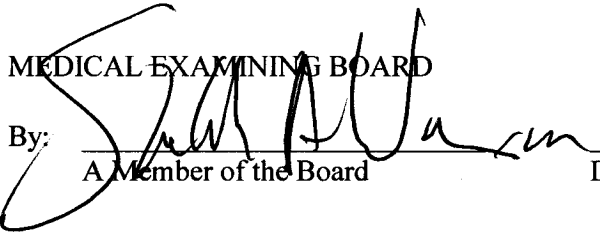
IT IS FURTHER ORDERED that violation of any terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to comply with the ordered continuing education or timely

submit payment of the costs as ordered, the Respondent's license (No. 23300-20) 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 or completion of the continuing education.

This Order is effective on the date of its signing.

MEDICAL EXAMINING BOARD

By:

  
A Member of the Board

4/18/12  
Date