

## 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
WILLIAM G. SYBESMA, M.D.,	:	
RESPONDENT.	:	ORDER 0001494

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Division of Enforcement Case No. 09 MED 249

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

William G. Sybesma, M.D.  
3609 70th Street Court  
Moline, IL 61265

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 in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. William G. Sybesma, M.D., Respondent, date of birth October 12, 1946, 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 21464-20, which was first granted on April 21, 1978.

2. Respondent's last address reported to the Department of Safety and Professional Services is 3609 70<sup>th</sup> Street Court, Moline, IL 61265.

3. At the time of the events set out below, Respondent was a Board Certified Otolaryngologist, practicing at Saint Agnes Hospital, the Fond du Lac Surgery Center, and the Fond du Lac Regional Clinics in Fond du Lac, Wisconsin.

4. On December 8, 2008, Patient M.C., a 51 year-old female, presented to the Respondent at the Fond du Lac Regional Clinic with a medical history significant for non-clearing sinusitis and CT scans showing chronic bilateral maxillary and ethmoid sinus opacification. Based on Patient M.C.'s history and the results of physical examination and diagnostic testing, Respondent recommended that the patient undergo endoscopic sinus surgery which was scheduled for December 10, 2008. He also ordered ENTrak image guidance to help facilitate the completeness, accuracy and safety of her endoscopic sinus surgery.

5. On December 10, 2008, Patient M.C. presented to the Fond du Lac Surgery Center for the scheduled bilateral nasal ethmoid and maxillary endoscopic sinus surgery to be performed by the Respondent. Respondent's operative report reflects that the ENTrak image guidance headset was applied, calibrated and verified. Intraoperatively, the Respondent introduced a 75 degree sinus shaver into the right maxillary sinus and removed thickened mucous membrane contents. At approximately 11:18 a.m., toward the end of the procedure, Respondent noted sudden bleeding from the maxillary antrostomy site and bleeding from the right eye. Unbeknownst to Respondent, he had just injured the right lateral rectus muscle and caused a fracture of the floor of the orbit resulting in a cerebral spinal fluid leak. The bleeding was controlled with Vaseline pack and Respondent requested a stat ophthalmological consult.

6. Karen Nixon, M.D., an ophthalmologist, was notified and asked to perform an intraoperative consult with regard to Patient M.C.'s bleeding. At 12:35 p.m., Dr. Nixon presented to the operating room to examine Patient M.C.'s right eye. She found that intraocular pressure was normal but that the orbit was not tight. Dr. Nixon noted a disruption in the lateral conjunctivae posterior from the limbus with a moderate amount of subconjunctival hemorrhage. She also observed frayed whitish tissue which was determined to be from the insertion of the right lateral rectus muscle. Dr. Nixon determined that a strabismus surgery (reattachment of the muscle to the eye) needed to be performed however, at that time; she was unable to locate the lateral rectus. She contacted the Eye Institute at Froedtert Memorial Lutheran Hospital and coordinated for Patient M.C. to be transferred there for possible orbital exploration and surgery.

7. At approximately 1:30 p.m., Patient M.C. was transferred via ambulance to Froedtert Memorial Lutheran Hospital and admitted through the emergency room to the neurology intensive care unit. Sang Hong, M.D., conducted a history and physical. Dr. Hong's impression was right orbital hemorrhage with avulsion of the right lateral rectus muscle; right eye complete ophthalmoplegia; and profound vision loss in the right eye which was believed to be due to an optic neuropathy. The plan was to observe the patient and to begin systemic steroid therapy and to administer an intravenous antibiotic.

8. At approximately 10:15 p.m., Christopher Deline, M.D., performed a neurosurgery consult based on a report of red serous nasal drainage. Dr. Deline's impression was likely cerebrospinal fluid ("CSF") leak from nares and, at 11:45 p.m., he placed a lumbar drain.

9. On December 11, 2008, Todd Loehrl, M.D., performed the following procedures: right and left endoscopic total ethmoidectomies, right and left turbinate resections, right and left skull base defect repair and stereotactic image-guided sinus surgery. His pre- and postoperative diagnoses were chronic rhinosinusitis and skull base defect with associated cerebrospinal fluid, rhinorrhea, and pneumocephalus. Postoperatively, infectious disease was consulted for antibiotic therapy based on a positive CSF culture which reported streptococcus. Patient M.C. was started on a regimen of intravenous Vancomycin.

10. On December 19, 2008, Patient M.C. was discharged home with the PICC line in place with home health care. She was continued on intravenous antibiotics for an additional week and then switched to oral Augmentin for another two weeks. Her discharge diagnoses included the following: cerebral spinal fluid leak; right orbital hemorrhage; right lateral rectus avulsion/laceration; right retinal hypoperfusion; and right inferior rectus entrapment. At discharge, Patient M.C.'s visual acuity (+2.50) was 20/400 in her right eye and 20/20 in her left eye.

11. On August 6, 2009, Patient M.C. presented to Froedtert Hospital where Dr. Loehrl performed the following additional procedures: left endoscopic maxillary antrostomy, left frontal sinusotomy, left partial ethmoidectomy and stereotactic image guided sinus surgery. Dr. Loehrl then turned the patient over to Dr. Hong for the orbital portion of the procedure. Dr. Hong performed the following procedures on that same date: right anterior orbitotomy; release of cicatricial tissue involving the orbital soft tissue, intermuscular septum, tenons capsule, and extraocular muscles in the region of the inferior rectus and lateral rectus muscles as well as portions of the medial rectus muscle; repair of right orbital floor defect/fracture; repair of right orbit enophthalmos and right temporary lateral suture tarsorrhaphy.

12. As of August 18, 2010, Patient M.C.'s right visual acuity remained 20/400. She also experienced diplopia and headaches.

13. Respondent's conduct as herein described with regard to Patient M.C. fell below the minimum standards of competence established in the profession in that he did not appreciate the location of the sinus shaver he was using at all times during the surgery on December 10, 2008.

#### 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 paragraph 6 of the Findings of Fact is a violation of Wis. Stat. § 448.02(3) and Wis. Admin. Code § MED 10.02(2)(h).

#### ORDER

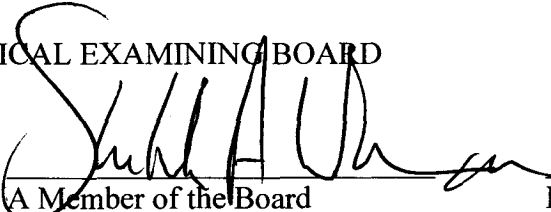
NOW THEREFORE IT IS ORDERED that the Stipulation of the parties is hereby accepted.

IT IS FURTHER ORDERED that:

1. William G. Sybesma, M.D. is hereby REPRIMANDED.
2. The license of William G. Sybesma, M.D., to practice medicine and surgery in the State of Wisconsin shall be LIMITED on the following terms and conditions: William G. Sybesma, M.D. shall not perform any endoscopic surgeries using the 75 degree sinus shaver 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.
3. Respondent shall within 90 days of this Order pay costs of this proceeding in the amount of ONE THOUSAND FIVE HUNDRED (\$1,500.00) dollars. Payment shall be made to the Wisconsin Department of Safety and Professional Services, and mailed to:  
  
Department Monitor  
Division of Enforcement  
Department of Safety and Professional Services  
P.O. Box 8935  
Madison, WI 53708-8935  
Telephone (608) 267-3817  
Fax (608) 266-2264
4. 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 as ordered or fails to comply with the ordered continuing education as set forth above, the Respondent's license (No. 21464-20) 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.
5. This Order is effective on the date of its signing.

MEDICAL EXAMINING BOARD

By:

  
A Member of the Board

Date

4/18/12